



South County Church

Wedding Application

Mailing address: 9234 Lorton Valley Road, Lorton, VA 22079

703/200-5170 ~ Fax 703/690-7784

cindy@southcountycares.org ~ www.southcountycares.org

Bride's Full Name _____

Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

E-mail Address _____

___ Single ___ Widower ___ Divorced

What are the conditions that led to divorce? _____

Number of marriages? _____

Number of children? _____

Do your parents approve of your wedding? _____

Are you a member/regular attendee of a church? ___

Name of Church _____

Groom's Full Name _____

Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

E-mail Address _____

___ Single ___ Widower ___ Divorced

What are the conditions that led to divorce? _____

Number of marriages? _____

Number of children? _____

Do your parents approve of your wedding? _____

Are you a member/regular attendee of a church? ___

Name of Church _____

Date of Ceremony _____ Time _____

Location of Ceremony _____

Date of Rehearsal _____ Time _____

Place of Reception _____

Number in wedding party _____

Estimated attendance of ceremony _____

For Office Use Only

Application Received _____ Calendar _____

Meet w/Pastor _____

Counseling Completed _____