

Lyall Memorial Federated Church  
Wedding Application Form

Wedding Date \_\_\_\_\_ Date Submitted \_\_\_\_\_  
 Time of Wedding \_\_\_\_\_  
 Number of Persons Expected \_\_\_\_\_

	Bride	Groom
Name		
Address		
City/State/Zip		
Daytime Phone		
Evening Phone		
Email Address		
Age		
Member of Lyall Church		
Immediate Family Members Member of Lyall Church		
Member of Another Church		
Previously Married (Divorced or Widowed)		
Time since Divorce or Death		

Signatures \_\_\_\_\_  
Bride
Groom

Approved \_\_\_\_\_  
Pastor

Deposit	
Amount	
Date	