



Wedding Application Form

American Church in Berlin

Wedding Date: _____ Time: _____ Rehearsal Date: _____ Time: _____

<i>The Bride</i>	<i>The Groom</i>
Full Name	Full Name
Address Address	Address Address
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobil Phone:	Mobil Phone:
E-Mail Address:	E-Mail Address:
Single Divorced Widowed	Single Divorced Widowed
Children: Age	Children: Age
Children: Age	Children: Age
Children: Age	Children: Age
Church Affiliation/Background:	Church Affiliation/Background:

Wedding Location: _____ Number of Guests Expected: _____

Accompanist Needed?: Yes No

Soloist Needed?: Yes No

The wedding date is not reserved until this form is received in the church office. Once the form has been submitted with your initial donation deposit, a written confirmation of the date will be sent to you. No deposit required for members of ACB.

ACB has an account with the Commerzbank: BLZ 100 400 00, Konto Nr. 02612 91900

For church use only:

Date received: _____ Pastor: _____

Date approved: _____ Copied to: SE ____ FS ____ Custodian _____