

Virginia Street Swedenborgian Church Wedding Application

170 Virginia Street • Saint Paul, Minnesota 55102 • 651-224-4553

vscweddings@gmail.com

Wedding Date _____ Time _____ Ceremony Time _____

Number of Guests _____ Minister(s) _____

Organist _____ Other Musicians _____

Bride		Groom	
Name _____		Name _____	
Address _____		Address _____	
City _____ State _____		City _____ State _____	
Zip _____ Home Ph _____		Zip _____ Home Ph _____	
Work Ph _____ Cell Ph _____		Work Ph _____ Cell Ph _____	
Email _____		Email _____	

Address After Wedding _____

How did you hear about our church? _____

Reception Site & Ph. Nbr. _____

Date of Deposit _____ Amount* _____ Cash Check # _____

* \$250.00 deposit required to reserve a date/time.

The Rest of this Form is for Office Use Only

Amount Due _____ Date Full Pmt Received _____ Cash Check # _____

Date Copies of Service Sent _____ Date Deposit Acknowledged by Phone _____

Floral Delivery _____

Rehearsal (Date and Time) _____ Intake Meeting (Date and Time) _____

Notes

