

First Baptist Church of Indianapolis Wedding Application

(This form must be completed and submitted to FBC for date reservation consideration.)

Date of Application _____ Year of the Wedding _____
Wedding Date _____ Time _____
Rehearsal Date _____ Time _____
Reception here?* Yes/no (please circle) _____ Time (IF APPLICABLE) _____

Bride

Groom

Name _____
Address _____
City and Zip _____
State _____
County of Residence _____
Home Phone _____
Cell Phone _____
E-Mail Address _____
Date of Birth _____
Place of Birth _____
SSN _____
Occupation _____
Education (highest grade completed) _____
Father's Name _____
Father's birthplace _____
Mother's Maiden Name _____
Mother's Birthplace _____
Is this first marriage? _____
If not, number of previous marriages? _____
Effective Divorce Date(s) _____

Name _____
Address _____
City and Zip _____
State _____
County of Residence _____
Home Phone _____
Cell Phone _____
E-Mail Address _____
Date of Birth _____
Place of Birth _____
SSN _____
Occupation _____
Education (highest grade completed) _____
Father's Name _____
Father's birthplace _____
Mother's Maiden Name _____
Mother's Birthplace _____
Is this first marriage? _____
If not, number of previous marriages? _____
Effective Divorce Date(s) _____

Are you willing to have premarital counseling? _____

To whom should the bill for wedding charges be sent?

Name _____
Address _____
City/State/Zip _____

Number of Guests _____

FBC Minister?

Yes _____ (name) No _____

If minister OTHER THAN FBC MINISTER, you must provide the following information for form to be considered:

Minister's Name _____
Church _____
Address _____
City/State/Zip _____

*Building use form MUST BE completed for receptions onsite. Forms available at www.fbcindy.org under information.

FBC Wedding Fees

Amount Charged
(For office use only)

Please check appropriate items below:

Rooms (please note that a building use form is necessary for RECEPTIONS at FBC)

_____	Atrium* (No kitchen privileges allowed)	\$400	_____
_____	Sanctuary*	800	_____
_____	Chapel*	400	_____
_____	Parlor*	200	_____
_____	Fellowship Hall*	500	_____
_____	Childcare Room* (you provide own caregiver)	50	_____
_____	Rose Garden	150	_____

Personnel (if retained through First Baptist Church)

_____	Officiating Minister*	250	_____
_____	Organist/Pianist*	250	_____
_____	Soloist*	125	_____
_____	Wedding Coordinator	175	_____
_____	Hostess for Rehearsal Dinner	80	_____
_____	Hostess for Wedding Reception	125	_____
_____	Sound Technician (Sanctuary only)	70	_____

Services

_____	Program Printing/Duplication	\$100 plus .30/copy	_____
_____	(You provide paper or covers with 3 week advance notice)		_____

Custodial Services

_____	Wedding only	100	_____
_____	Wedding Reception using Parlor	200	_____
_____	Wedding Reception using Patio	300	_____
_____	Wedding Reception and/or Gathering Area using Atrium	300	_____
_____	Wedding Reception using Fellowship Hall	500	_____

Extras

Candelabras			
_____	Stand	100	_____
_____	Aisle – Sanctuary	175	_____
_____	Chapel	125	_____
_____	Window - Sanctuary only	80	_____
	(Member and non-members supply drip-less candles)		_____
_____	Cloth Aisle Runner	\$100 non-member / \$50 member	_____

**These fees may be waived or reduced for active members.*

TOTAL AMOUNT DUE _____

DEPOSIT _____ Ck # _____ date _____

BALANCE DUE _____ on _____

A statement of charges will be sent approximately one month prior to the wedding day with payment in full required no later than two weeks prior to the wedding.