

THE FEDERATED CHURCH

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WEDDING REQUEST FORM

Requested We	edding date:
Requested by:	
	name
	address
	phone cell phone
	email
	today's date
Groom's name	2:
Bride's name:	
-	tand that this is a request to be considered by the Deacons of Federated Church for approval.
-	tand that this request must have board approval prior to scheduling on the church calendar.
~~~~~~~	For Church Use Only
Date considere	ed by D&E:

Approved

Declined