Blacktown Regional Uniting Church

OFFICE USE ONLY
Date received:

Email: bruc.office@nswact.uca.org.au

Wedding Ceremony
Application Form

Your Preferred
Event Date: Time:
_____ _____

Bride's Details

Family Name:	Given Names:
Address	
Date of Birth:	
Contact Phone: Email:	

Bridegroom's Details

Family Name:	Given Names:
Address:	
Date of Birth:	
Contact Phone: Email:	

Minister/Pastor/Celebrant Details

Name:	Minister	Pastor	Celebrant
Contact Number: Email Address:			

Number of Guests		Rehearsal Required	Yes / No
Notes:			