

REQUEST FOR GUEST PASTOR
FREEDOM MORAVIAN CHURCH

Name of Bride & Groom _____
Date of Wedding _____
Time of Wedding _____
Date of Rehearsal _____ Time of Rehearsal _____

Is the intent for this guest pastor to act as the sole officiate or as an assistant to the Primary officiate?

REQUESTED GUEST PASTOR INFORMATION

Name of Guest Pastor Requested _____
Address _____

Email _____ Phone _____

Name of Church (if currently serving) _____
Address _____

Phone _____

Ordained _____ Denomination _____

*please include copy of your ordination certificate

Signature Guest Pastor _____

PRE-MARITAL COUNSELING
FOR PROSPECTIVE WEDDING COUPLE
FREEDOM MORAVIAN CHURCH

Name of Bride & Groom _____

Name of person conducting sessions _____

Address _____

Phone _____ Title and/or Licensure _____

Email _____

Number and Length of Sessions _____

Curriculum Utilized (if no published curriculum is being used, or if session leader has developed her/his own curriculum, please provide a brief overview)

Signature of person leading sessions

Date

Attach – Business Card