



TDWC WEDDING REQUEST

ALL REQUEST MUST BE SUBMITTED 90 DAYS IN ADVANCE

Date of Application: _____

Bride's Full Name: _____

Date of Birth: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Number(s): _____

Email: _____

Groom's Full Name: _____

Date of Birth: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Number(s): _____

Email: _____

	Bride	Groom
Are you a member of Total Deliverance:	_____	_____

If not, what church are you a member of:	_____	_____
Pastor's Name:	_____	_____
Reason why your pastor is not performing the ceremony:	_____	

Tentative Wedding Date: _____ **Time:** _____

Location of Wedding: _____

Size of Wedding Party: _____ **Number of Guests:** _____

If Pastor Benson is not available are you willing to allow another Minister to marry you? _____

If you desire to have any part of the ceremony performed by someone other than Pastor Benson, please provide the following information:

Pastor's Name: _____ **Contact Number:** _____

Church Affiliation: _____

I understand that this request is not an agreement to perform my wedding ceremony, after review by the Pastor of Total Deliverance Worship Center I will be notified if my request has been approved or disapproved.

Signature: _____