



CHARIS METHODIST CHURCH

91 Koon Seng Road Singapore 427032 Tel: 63445750 Fax: 63448231
Email: office@charismc.org.sg Website: www.charismc.org.sg

APPLICATION FOR WEDDING/BLESSING CEREMONY

Application for: <input type="checkbox"/> Holy Matrimony (Solemnizing in Church) <input type="checkbox"/> Holy Matrimony (Solemnizing outside of Church) <input type="checkbox"/> Blessing of a Civil Marriage (within 12 months of ROM) <input type="checkbox"/> Reaffirmation of the Marriage Covenant (beyond the 12th month of ROM)		Facility Booking: <input type="checkbox"/> Sanctuary <input type="checkbox"/> Chapel Date of Wedding: _____ (Timing: _____ to _____) Date of Rehearsal: _____ (Timing: _____ to _____) Date of Band Prac: _____ (Timing: _____ to _____) Date of Decoration: _____ (Timing: _____ to _____) Anticipated no. of guest on Day of Ceremony: _____	
Extras for Day of Ceremony: <input type="checkbox"/> Social Hall (Timing: _____ to _____) <input type="checkbox"/> Plaza Tentage			
Name of Bridegroom: <hr/> Church Membership <input type="checkbox"/> Charis Member <input type="checkbox"/> Methodist Member Name of Church: <input type="checkbox"/> Non-Methodist Member / Baptized Christian Name of Church:		Name of Bride: <hr/> Church Membership <input type="checkbox"/> Charis Member <input type="checkbox"/> Methodist Member Name of Church: <input type="checkbox"/> Non-Methodist Member / Baptized Christian Name of Church:	
Date of Baptism:	Date of Birth:	Date of Baptism:	Date of Birth:
Nationality:	NRIC No.:	Nationality:	NRIC No.:
Address:		Address:	
Contact Numbers	Home:	Contact Numbers	Home:
Mobile:	Office:	Mobile:	Office:
Email:		Email:	
Occupation:		Occupation:	
Company:		Company:	

Address & Telephone After Marriage (if any):	
Name of Witness:	Name of Witness:
NRIC No.:	NRIC No.:
Pre-marital Counseling conducted by:	
Date of Solemnization at ROM (if applicable):	
Approval and termination is subject to the circumspection of the pastor. We fully understand and will abide by the Rules & Regulations (Annex 1).	
Signature of Applicants	
_____	_____
Bridegroom	Bride
Date:	Date:

Please provide a copy of the following upon submission of this application:

1. NRIC (front & back) of the bridegroom, bride, and the parents/witnesses
2. Church membership/baptism certificate of bridegroom and bride

FOR OFFICE USE

Fees Applicable		
Deposit Required	Amt(\$):	Bank & Cheque No.:
Balance Fees Payable	Amt(\$):	Bank & Cheque No.:

Marriage Notice No.:	Marriage Certificate No.:
Date of Solemnization:	Place of Solemnization:
Officiating Minister:	Deputy Registrar: