

COVID-19 PROTOCOLS ESTABLISHED BY THE CDC AND LOCAL GOVERNMENTS ARE TO BE STRICTLY ADHERED TO.



NU'UANU CONGREGATIONAL CHURCH

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Rev _____

_____ Church Calendar

_____ BRIDE _____ BK

_____ Wedd D _____ Wed-S

_____ BOH lic #/mailed

_____ Member checklist

_____ IWED _____ PreM.

WEDDING APPLICATION

Month _____ Day _____ Day of Week _____ Year _____ Time _____ a.m./p.m.

Other _____ Address _____

Rehearsal _____

Month _____ Day _____ Year _____

Thurs

6:00 / 7:00

GROOM/SPOUSE/PARTNER

BRIDE/SPOUSE/PARTNER

First _____ Full Middle _____ Last _____

First _____ Full Middle _____ Last _____

Day Tel _____ Eve Tel _____

Day Tel _____ Eve Tel _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Birthdate _____ Birthplace _____

Birthdate _____ Birthplace _____

Single Widow Divorced

Single Widow Divorced

NCC Member Child of NCC

NCC Member Child of NCC

Attendant _____

Attendant _____

Future address _____

Reception at _____ Phone _____

SIGNATURE

Date