



Wedding Information Form

Central United Methodist Church

Today's date: _____

Bride's Name: _____

Address: _____

Home/Cell Phone: _____

Business phone: _____

Email: _____

Relationship to Church: _____

Groom's Name: _____

Address: _____

Home/Cell Phone: _____

Business phone: _____

Email: _____

Relationship to Church: _____

Rehearsal Date: _____ Time: _____

Ceremony Date: _____ Time: _____

Officiating Pastor: _____ Organist: _____

Additional Rooms Needed for Ceremony/Reception:

_____ Parlor (date/time) _____

_____ Nursery (date/time) _____

_____ Fellowship Hall (date/time) _____

_____ Other (date/time) _____

Needed for Rehearsal:

(date/time) _____

(date/time) _____

(date/time) _____

(date/time) _____

AGREEMENT

We understand that a \$500 deposit is due, along with this form, in order to reserve the church for our requested wedding date. _____ (initials) _____ (initials)

We, _____ and _____ (two full names), acknowledge that we have reviewed the Wedding Guidelines provided by Central United Methodist Church and agree to the terms.

signatures of bride

signature of groom

- ◇ Please confirm your date with the pastor and church administrator.
- ◇ Return this completed form along with your deposit to the church administrator.
- ◇ Checks should be made payable to *Central United Methodist Church*.

To be completed by Central United Methodist Church

Wedding Director _____ Phone _____

Assisted by: _____ Phone: _____

Distribute copies to : Officiating Pastor, Church Administrator, Wedding Director, Organist, Couple