WEDDING REQUEST FORM

Fill out the form and return to the Pastor

WEDDING PARTICIPANTS

Bride: _____ **Phone:** _____
Where you an be contacted during the day
Home Phone: _____

Groom: _____ **Phone:** _____
Where you an be contacted during the day
Home Phone: _____

PASTORAL CARE
Have you attended marriage counseling sessions ☐ Yes ☐ No

If no when do you plan to attend? _____

The officiating Minister will be _____

Wedding Date: _____ Time _____

Rehearsal Date: _____ Time _____

Have you filled out a room scheduling and set-up form? ☐ Yes ☐ No

The church should be open for the rehearsal at _____

The wedding will start at _____

The reception will start at _____

The location of the reception _____

Will you be providing your own music and musicians ☐ Yes ☐ No

If no explain: _____

Note: ☐ One copy to the bridal party.
☐ One copy to officiating Minister
☐ One copy to the maintenance department
☐ One copy to the media department
☐ One copy to the Music Director

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