

FIRST UNITED METHODIST CHURCH, CHATHAM

Wedding Application Form

The Date of Your Wedding

Month

Day

Year

Day of the Week _____

Time _____

a.m.

p.m.

Rehearsal Day/Time

Day of the Week _____

Time _____

a.m.

p.m.

Last Name of the Bride _____

Last Name of the Groom _____

Bride's FULL Name: _____

Bride's Address: _____

Bride's Phone Number (Cell Preferred) _____

Bride's Email Address _____

Groom's FULL Name: _____

Groom's Address: _____

Groom's Phone Number (Cell Preferred) _____

Groom's Email Address _____

What will your address be after you are married?

How many attendants do you have in your wedding party?

Women _____

Men _____

Will you have children involved in the wedding party? _____

(Yes/No)

How Many? _____

Will you want the Organist to play for your Wedding? _____

(Yes/No)

If not, what type of music/musicians will you be using? _____

Which of the following forms of media will you be using?

Photographer _____

Videographer _____

Will you be using a Wedding Coordinator? _____

(Yes/No)

Name _____

Which florist are you using and where are they located? _____

Please note: Your \$100 Non-Refundable Deposit is due at the time you confirm your wedding date with the church office. Final payment of fees is due ONE WEEK before your wedding date.

Please contact the pastor directly to schedule a time to plan your wedding ceremony:

pastor@chathammethodist.org