

**FIRST UNITED METHODIST CHURCH**  
**Chatham, Massachusetts**

**WEDDING APPLICATION FORM**

**Date of your wedding** \_\_\_\_\_ **Time** \_\_\_\_\_

**Date of your rehearsal** \_\_\_\_\_ **Time** \_\_\_\_\_

**Bride's Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Groom's Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Address after marriage** \_\_\_\_\_

**No. of Attendants**                  **Women** \_\_\_\_\_                  **Men** \_\_\_\_\_

**No. of children in your wedding party** \_\_\_\_\_

**Do you want our organist to play at your wedding?** \_\_\_\_\_

**If not, what type of music/musicians will you be using?** \_\_\_\_\_

**Will you have a photographer?** \_\_\_\_\_ **videographer?** \_\_\_\_\_

**Will you be using a wedding coordinator?** \_\_\_\_\_ **Name** \_\_\_\_\_

**What florist are you using?** \_\_\_\_\_

*Remember: A non-refundable \$100 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 to schedule times for pre-marital counseling:  
pastor@chathammethodist.org*