

Wedding Information Form

Your wedding date will not be officially placed on the church calendar and included in the pastor's schedule until this form is completed and returned to the Aldersgate United Methodist Church.

BRIDE

(Please Print)

Full Maiden Name:			
Street Address:			
City:		County:	State: Zip
Date of Birth:	Age:	Birth Place:	
Denomination:		Church:	
Email Address:		Occupation:	
Race:	Marital Status:	Number of Times Previously Married:	
Father's Full Name:			
Mother's Maiden Name:			

GROOM

Full Maiden Name:			
Street Address:			
Middle Name:			
City:		County:	State: Zip
Date of Birth:	Age:	Birth Place:	
Denomination:		Church:	
Email Address:		Occupation:	
Race:	Marital Status:	Number of Times Previously Married:	
Father's Full Name:			
Mother's Maiden Name:			

Wedding Ceremony Information

Wedding Date:	Hour:
Wedding Location:	Phone:
Rehearsal Date:	Hour:

Telephone Information

Bride	Work:	Home:
Groom	Work:	Home:

Bridal Party

Maid of Honor:	Best Man:
Bridesmaids :	Groomsmen:
Jr. Bridesmaid:	Jr. Usher:
Flower Girl:	Ring Bearer:

Liturgical Features

Organist:	Soloist:
Special Musician:	Reader:
Bride's escort? (Bride's Father or)	
Photographer:	Video Technician :
Readings:	
Special Features:	
Communion Yes <input type="checkbox"/> No <input type="checkbox"/>	
Program provided by church Yes <input type="checkbox"/> No <input type="checkbox"/>	