

Wedding Request Form

Aldersgate United Methodist Church

Today's Date ____/____/____

Bride's Information

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Daytime Phone _____ Cell _____ Home _____

Email Address _____

Groom's Information

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Daytime Phone _____ Cell _____ Home _____

Email Address _____

Date and Pastoral Request

First Date Requested: Approx. Time: Second Date Requested: Approx. Time:

Ceremony ____/____/____ Ceremony ____/____/____ _____

Rehearsal ____/____/____ Rehearsal ____/____/____ _____

Reception location _____

If at Aldersgate please contact church office for availability of rooms.

OFFICE USE ONLY OFFICE USE ONLY Date Received ____/____/____

Date Approved: First Choice _____ Second Choice _____

Down payment received _____ Final payment _____

Aldersgate United Methodist Church

theresa@aldersgatedsm.org

515-278-0466