

# INITIAL Wedding Information Form

**BEFORE YOUR WEDDING CAN BE SCHEDULED ON TRINITY'S CALENDAR**

**THIS FORM MUST BE FILLED OUT AND RETURNED TO...**

Paula Cadden, Office Administrator – via fax, U.S. Mail or hand-delivered

Today's Date \_\_\_\_\_

Date of <b>REHEARSAL</b> : <i>Friday</i> ,	<b>Time:</b>
Date of <b>WEDDING</b> : <i>Saturday</i> ,	<b>Time:</b> Note: The church will be open and available <b>2 hours</b> prior to the time of the wedding.

Location of Wedding: ☐ **Sanctuary** ☐ Chapel (*seats approx. 50*)

	<i><b>Full Name</b></i>	<b>Preferred 1<sup>st</sup> Name</b>	<b>Contact Information</b>
<b>Bride:</b>	<div>_____</div> <div>Please indicate here the last name you will use after marriage -- _____</div>		(O): (H): (Cell): (Email):
<b>Groom:</b>			(O): (H): (Cell): (Email):

Member of Trinity UMC?

**BRIDE:**

☐

Yes

☐

No

**GROOM:**

☐

Yes

☐

No

	<b>Phone Number</b>
<b>Minister(s):</b>	288-6056 ( <i>Trinity UMC</i> )
<b>Organist:</b>	
<b>Soloist and/or Other Instrumentalist(s):</b>	
<b>Trinity's Wedding Representative:</b> {To be determined and assigned by Trinity}	

**Bride's** Current Address: \_\_\_\_\_

**Groom's** Current Address: \_\_\_\_\_

Church Office Use	Copy to:	Office Administrator	Altar Guild	Wedding Guild Chair	Custodian	Organist	Wedding Guild Rep	Minister
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**Trinity United Methodist Church**

903 Forest Avenue, Richmond, VA 23229

(804) 288-6056; Fax: (804) 282-3368