

# 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 REHEARSAL: <i>Friday</i> ,	Time:
Date of WEDDING: <i>Saturday</i> ,	Time: 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*)

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

*Member of Trinity UMC?*    BRIDE:  Yes  No    GROOM:  Yes  No

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

*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