

FINAL Wedding Information Form

(As Soon As you have ALL PERTINENT information – at least 2-3 months prior to wedding date –
Return this to Office Administrator in the Church Office – via fax, U.S. Mail or bring to the office)

Today's Date _____

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

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

	Name	Contact Information
Bride:		(Cell): (Email):
Groom:		(Cell): (Email):

Address and Phone # After Wedding: _____

Please provide the following information:

Indicate all you will be using... Acolytes: **Yes** **No**

Unity Candelabrum: **Yes** **No**

If you are using the candelabrum Trinity will provide the candles; the cost is include in Wedding Fees.

PHOTOGRAPHER Name & Phone # _____

VIDEOGRAPHER Name & Phone # _____

FLORIST Name & Phone # _____

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

(More information on back....→→→→→)

WEDDING PARTY:

	BRIDE'S Information	GROOM'S Information
Mother:		
Father:		
Grandparents:		
Maid of Honor/ Best Man:		
Bridesmaids/ Groomsmen:	1. 2. 3. 4. 5. 6. 7. 8.	1. 2. 3. 4. 5. 6. 7. 8.
Special Guests for Reserved Seating:		