



LANCASTER FIRST
UNITED METHODIST CHURCH

Wedding Request Form

Today's Date _____

Bride's Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Are you a member of First United Methodist Church? ___ Yes ___ No

Groom's Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Are you a member of First United Methodist Church? ___ Yes ___ No

Date Requested for Wedding Ceremony _____ Time _____

___ Chapel ___ Sanctuary ___ Other: _____

Date Requested for Wedding Rehearsal _____ Time _____

___ Chapel ___ Sanctuary ___ Other: _____

Have you received the Wedding Guideline Booklet regarding wedding ceremonies at First United Methodist Church?

___ Yes ___ No

Pastor Requested: ___ Rev. Dr. Brian Jones or ___ Rev. Dr. Alice Wolfe

Please return this form to:
First United Methodist Church
Attn: Shelley Nichols, Caring Ministries Coordinator
163 E Wheeling St., Lancaster, Oh 43130

Church Office Use Only:

_____ *Deposit Received*

_____ *Wedding Confirmed on the Calendar*

_____ *Officiation Pastor Confirmed: Name* _____

_____ *Organist Confirmed : Name* _____

_____ *Organist Hostess : Name* _____