

Wedding Request

Westminster United Methodist Church



Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

Pastor _____

BRIDE:

Name _____

Address _____

Phone: Home _____ Age: _____

Cell _____

Work _____

E-Mail: _____

GROOM:

Name _____

Address _____

Phone: Home _____ Age: _____

Cell _____

Work _____

E-Mail: _____

Mail this form with your non-refundable deposit of \$150 made payable to:

Westminster United Methodist Church
Attn: *Wedding Request Department*
162 E. Main Street
Westminster, MD 21157

Final payment is due two months prior to the wedding.