

**WEDDING REQUEST
POWELL UNITED METHODIST CHURCH**

We are pleased to consider your request to hold your wedding ceremony at Powell United Methodist Church. Upon submitting your request, clergy availability will be determined. Upon confirmation of availability, a **non-refundable deposit** within 7 days will hold the date.

Bride: _____ Groom: _____

Wedding Date: _____ Ceremony time: _____

Rehearsal Date: _____ Rehearsal Time: _____

Bride's Address: _____ Groom's Address: _____

Bride's Phone: _____ Groom's Phone: _____

Bride's Email: _____ Groom's Email: _____

Bride's Age: _____ Groom's Age: _____

Marital Status: _____ Marital Status: _____

Church Affiliation: _____ Church Affiliation: _____

Bride's Parents: _____

Groom's Parents: _____

Alternate Contact: _____ Relationship to couple: _____

Phone number: _____ Email: _____

Requested officiant: _____ Number of people expected to attend: _____

Location of Reception: _____

Couple's address after the wedding: _____

Special considerations: _____

(For Office Use Only)

Date submitted to pastors: _____ Approved: _____ Unapproved: _____

Date signed: _____ Officiant will be: _____

Folder to Clergy: _____

Church Member: Y/N Date couple notified: _____ By: _____