

WEDDING WORKSHEET

First United Methodist Church

P. O. Box 1416

Watertown, South Dakota 57201

(605) 886-4427

Email: bonnie@watertownfirstumc.com

DATE REQUESTED FOR WEDDING _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

PASTOR: PLEASE PROVIDE PREFERENCE _____

HAVE OUR OWN PASTOR, NAME _____ PHONE: _____

INFORMATION REGARDING BRIDE

BRIDE'S NAME _____ AGE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL/PHONE _____ EMAIL _____

MEMBER: YES ___ NO ___ IF NO, WHERE? _____

DO YOU HAVE FAMILY OR RELATIVES THAT ATTEND HERE?

YES ___ NO ___ IF YES WHO? _____

PARENTS' CONTACT PHONE NUMBER _____

INFORMATION REGARDING THE GROOM

GROOM'S NAME _____ AGE _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL/PHONE _____ EMAIL: _____

MEMBER: YES ___ NO ___ IF NO, WHERE? _____

DO YOU HAVE FAMILY OR RELATIVES THAT ATTEND HERE?

YES ___ NO ___ IF YES, WHO? _____

PARENTS CONTACT PHONE NUMBER _____

NO FLASH PICTURES DURING CEREMONY: THIS NEEDS TO BE MENTIONED IN YOUR WEDDING BULLETIN IF YOU HAVE ONE.

BUBBLES OR FLOWER PETALS MAY BE USED (No bird seed or rice PLEASE)

ADDRESS AFTER THE WEDDING _____

CITY _____ STATE _____ ZIP _____ PHONE _____

YOU MUST CONFER WITH THE CUSTODIAN AT LEAST A MONTH BEFORE YOUR WEDDING. IF THE WEDDING FEE IS NOT PAID IN FULL A MONTH BEFORE THE WEDDING DATE, THIS CONTRACT SHALL BE NULL AND VOID.