

WEDDING REQUEST FORM
SUN PRAIRIE UNITED METHODIST CHURCH
702 North Street
Sun Prairie, WI 53590
(608) 837-5554
Fax # (608) 825-8474

Date Received: _____
By: _____

WEDDING DATES REQUESTED: (three alternatives in order of preference)

First Choice:	Date _____	Time _____
Second Choice:	Date _____	Time _____
Third Choice:	Date _____	Time _____

FACILITIES REQUESTED:

_____ Sanctuary _____ Chapel _____ Other

OFFICIATING MINISTER REQUESTED: _____

BRIDE: Name _____ Age _____
Present Address _____
Present Phone _____
Place of Employment _____ Phone _____
Church you attend regularly _____

GROOM: Name _____ Age _____
Present Address _____
Present Phone _____
Place of Employment _____ Phone _____
Church you attend regularly _____

Address after your wedding: _____

Relatives who attend Sun Prairie United Methodist Church regularly

Name(s) _____	Relationship: _____
Name(s) _____	Relationship: _____

GENERAL INFORMATION:

Number of guests expected: _____
Number of bride's attendants: _____
Number of groom's attendants: _____
Ring bearer _____ Age _____
Flower girl _____ Age _____
Photographer _____ professional _____ friend/relative
Name _____
Florist _____ professional _____ friend/relative/self
Name _____
Video Taper _____ professional _____ friend/relative

If not a member of Sun Prairie United Methodist Church:

How did you hear about our church? _____

Why did you decide you wanted to use Sun Prairie United Methodist Church as the place for your wedding? _____
