



Wedding Date: _____ at _____ am/pm

Sanctuary

Chapel

Rehearsal Date: _____ at _____ am/pm

Bride

Name: _____
First, Middle, Last

Address: _____
House/Apt Number Street City State Zip Code

Contact Information: *(Please check preferred method.)*

Home Phone

Cell Phone

Work Phone

Email Address

Groom

Name: _____
First, Middle, Last

Address: _____
House/Apt Number Street City State Zip Code

Contact Information: *(Please check preferred method.)*

Home Phone

Cell Phone

Work Phone

Email Address

Couple's Permanent Address After Wedding

Address:

House/Apt Number	Street	City	State	Zip Code
------------------	--------	------	-------	----------

Preferred Centenary Minister:

Subject to minister's availability for ceremony and counseling sessions

Guest Minister:

Subject to approval and invitation from senior minister. Please note if guest minister will be conducting counseling sessions

Contact Information

Address:

House/Apt Number	Street	City	State	Zip Code
------------------	--------	------	-------	----------

Phone Number:

Email:
