

Wedding Application Form

FIRST ST. CHARLES UNITED METHODIST CHURCH

801 First Capitol Drive
St. Charles, MO 63301
(636) 947-0066 Fax (636) 947-7478

Wedding Date _____ Time _____ Chapel/Sanctuary/Other
(Circle One)

Rehearsal Date _____ Time: _____ Place for Reception _____

Bride's name _____ **Age** _____

Phone number _____ E-mail _____

Address _____
Street City State Zip

Parents _____

Groom's name _____ **Age** _____

Phone number _____ E-mail _____

Address _____
Street City State Zip

Parents _____

Address after wedding _____
Street City State Zip

Bestman _____ Maid/Matron of Honor _____

Groomsmen _____ Bridesmaids _____

Ushers _____

Flower Girl(s) _____ Ring Bearer _____

Who will escort the bride? _____

Will you be having music (recorded, pianist, organist, etc.)? ____ yes ____ no

Will you be having a pianist? ____ yes ____ no Will you provide your own pianist? _____

Or would you like the church to engage a pianist for you? ____yes ____no

Will you be having a soloist? ____ yes ____ no Will you provide your own soloist? _____

Or would you like the church to engage a soloist for you? ____yes ____no

Would you like a wedding coordinator? (Required if 3 or more bridesmaids) ____ yes ____ no

Florist _____

Photographer _____ **Videographer** _____

Candles: 2 Candelabras ____ yes ____ no | 14 Aisle Candelabras ____ yes ____ no

Unity Candle? ____ yes ____no (Church side candles **must** be used. Cost: \$5.00)

Wedding Bulletins: ____yes ____no If yes, how many? _____

Do you need someone to create them? ____ yes ____no



(to be completed by office)

Date _____ Deposit \$ _____ By Whom _____

Deposit Taken By _____ Pastor _____

Please let the church know of any changes.