

Vineville United Methodist Church
2045 Vineville Avenue
Macon, GA 31204
(478)745-3331

WEDDING APPLICATION

This form must be completed, signed, returned and approved before final arrangements are made.

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Is the bride, groom or family a member of Vineville UMC? _____

BRIDE's Full Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

Church membership if not Vineville UMC: _____

Bride's Parents' Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Church membership if not Vineville UMC: _____

GROOM's Full Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

Church membership if not Vineville UMC: _____

Groom's Parents' Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Church membership if not Vineville UMC: _____

Minister(s) to perform ceremony: _____
(We will need a copy of ordination papers if not using a Vineville or UMC minister.)

of what church? _____

Phone: _____

Number of Attendants: Bridesmaids _____ Groomsmen _____

Organist: _____ of what church? _____

Phone: _____ Email: _____

Other Musicians: _____ Phone: _____

_____ Phone: _____

Wedding Director? _____ Phone: _____

Florist: _____ Phone: _____

When do they need access to church? Day: _____ Time: _____

Photographer: _____ Phone: _____

Access to take photos if other than wedding day (*date and time*): _____

BUILDING USE FOR WEDDING

Sanctuary: _____ Chapel: _____

Bridal Room: _____ Arrival Time: _____

BUILDING USE FOR RECEPTION

CLC: _____ Dining Room: _____ Parlor: _____

Caterer: _____ Phone: _____

Reception to be held at another location; where? _____

ADDITIONAL INFORMATION

Candles and Candelabras: _____ Kneeling Bench: _____

Aisle Candles: _____ Other: _____

The couple's address when married: _____

Signatures: _____ Date: _____

_____ Date: _____

OFFICE USE:

Deposit: _____ Balance Paid? _____