

Wedding Information Sheet
UNITED METHODIST CHURCH OF WHITEFISH BAY
819 E. Silver Spring Dr. Whitefish Bay, Wisconsin 53217
414-964-2424/www.umcwfb.org

Please complete this form and return it to the Church office. The dates and times requested are confirmed, placed permanently on the church calendar and copies mailed to you **upon receipt of a deposit of \$200 for Sanctuary/\$100 Chapel Ceremony.**

Bride's name: _____

Address: _____

Telephone:(home) _____ **(cell)** _____ **(work)** _____

Email address: _____

Groom's name: _____

Address: _____

Email address: _____

Telephone: (home) _____ **(cell)** _____ **(work)** _____

Wedding Requested:

Date _____ **Time** _____ **Place: (sanctuary, chapel, other)**

Rehearsal Requested:

Date _____ **Time** _____ **Place: (sanctuary, chapel, other)**

Reception date requested:

Date _____ **Time** _____ **Location: Fellowship Hall/Other**

Name of Officiating Pastor _____

Information about "Non-UMC of Whitefish Bay" Clergy assisting with wedding:

Name /address/telephone #: _____

"We will abide by the policies stated in the Guidebook for Weddings at the UMC of Whitefish Bay."
Note: Failure to abide by UMC of Whitefish Bay's policies may cause forfeiture of damage deposit.

Mailing address after wedding: _____

Bride's signature: _____ **Date:** _____

Groom's signature: _____ **Date:** _____

Important Reminders:

Read the "Guidebook for Weddings at the United Methodist Church of WFB." Contact the church organist. Contact and meet with your officiating pastor.

Office Use Only:

Date completed and receive: _____

Signature of Officiating Pastor _____

Date copy sent to Bride and Groom: _____

Date and times confirmed on church calendar: ___ Yes ___ Pending (see reasons below)

Add as prospects ___ Yes ___ No