

Wedding Ceremony	Information Form
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Please print clearly or type FOR 0	CHURCH REC	CORDS				
Date of Ceremony		Time				
Date of Rehearsal		Time				
Candidate for Marriage/Bride						
Name in full (no initials please)						
Date of Birth						
(Date) (C College Place Affiliation		(State/Country)				
Local Address		Legal Address				
Phone						
	(Work)			(Cell)		
-		Date of Baptism (if applicable)				
Full Names of Bride's Parents						
				_		
This is your (1st, 2nd, etc.)				Widowed		
If Divorced: Date of Decree			0			
Note: Officiant may request proo						
Candidate for Marriage/Groom	n					
Name in full (no initials please)						
Date of Birth						
(Date) (C College Place Affiliation		( State/Country)				
Local Address						
Phone						
(Home) Occupation	(Work)			(Cell)		
Religious Affiliation		Date of Baptism (if applicable)				
509 Tate Stree		IC 27403 - Phone: 336-275-3363 ev. Jason W. Harvey, Pastor		-275-3364		

www.collegeplaceumc.com or www.facebook.com/collegeplacechurch

Full Names of Groom's Parents					
This is your (1st, 2nd, etc.) If Divorced: Date of Decree		You are:	Single	Widowed	Divorced
Note: Officiant may request proof of t	-	a state/Countr	y of issue		
It is the responsibility of the couple to must apply in writing to The Reverend permission at least 4 weeks before the	Jason Harvey, Pa	•	0 0	1	
Full name and title of the officiating m					
Address Church/Religious affiliation					
The names and address of the couple f					
The following information will aid us is confirmed as yet - please leave those bl		ur service. We ur	nderstand so	me items may no	ot be
Number of attendants: Candidate(s) will be presented by (nam	_ Men ne, relation)	Women			
Candidate(s) will be presented by (nam Exchange of rings included in the serve	ice	les or	_No		
It is the responsibility of the couple to s/he must apply in writing to Susan Yo before the ceremony.	0		0	0 0	· · ·
Name of Organist					
Will other musicians play?					
Soloist (if any) Anticipated number of people attendin Other helpful information	ng your ceremony				

Thank you for taking the time to complete this form. Confirmation of your ceremony and rehearsal dates will be made upon receipt of this completed form and the fee for the church. Your cancelled check will be your receipt of these arrangements. It must be understood that submission of these materials constitutes your agreement to abide by the policies of College Place United Methodist Church. Please mail these and any subsequent materials to:

> College Place UMC 509 Tate St. Greensboro, NC 27403 attn: Wedding Ceremonies