

Officiating: _____ Booked by: _____

Deposit Due: _____ Received: _____

Bellaire Community United Methodist Church
Wedding Information Form

Reception Location: _____

Estimated Number of Guests: _____

Wedding Date: _____
Wedding Time: _____
Place: _____
***Arrival Time:** _____
Rehearsal Date: _____
Rehearsal Time: _____

- | | | |
|----------------------------|---|------------------------------|
| 1) Unity Candle? Yes No | 2) Using BCUMC Candelabra? Yes No | 3) Aisle Runner? Yes No |
| 4) Rings: Double Single | 5) Leaving flowers at church? Yes No | 6) Receiving Line? Yes No |

Bride's Full Name:			DOB:
Address:			Home/Evening Phone:
E-Mail Address:			Work/Cell/Day Phone:
Mother:	Escorted by:	Row:	Home Phone:
Father:	Escorted by:	Row:	Home Phone:
Maternal Grandparents:	Escorted by:	Row:	
Paternal Grandparents:	Escorted by:	Row:	

Groom's Full Name:			DOB:
Address:			Home/Evening Phone:
E-Mail Address:			Work/Cell/Day Phone:
Mother:	Escorted by:	Row:	Home Phone:
Father:	Escorted by:	Row:	Home Phone:
Maternal Grandparents:	Escorted by:	Row:	
Paternal Grandparents:	Escorted by:	Row:	

Maid/Matron of Honor:	Bridesmaids: <i>(Use reverse side for additional bridesmaids)</i>		
Best Man:	Groomsmen: <i>(Use reverse side for additional groomsmen)</i>		
Bride's Escort:	Additional Ushers:		
Flower Girl:	Readers:		
Ring Bearer:	Bringing Bulletins?		
Organist/Pianist:	Phone:	Photographer:	Phone:
Soloist(s):	Phone:	Videographer:	Phone:
Instrumentalist(s):	Phone:	Sound Technician:	Phone:
Florist:	Phone:	Chair Bows?	Silk Petals and/or Bubbles?

ADDRESS ONCE MARRIED: _____

Placed on Calendar by: _____ Date: _____

****Please note we allow up to two hours before and one hour after the wedding for dressing and pictures. Please plan to remain within these time constraints on the day of your wedding.***

