



204 S. Ninth St. • Columbia MO 65201-4899 • www.moumc.org

Missouri United Methodist Church Wedding Schedule Application

Date Requested: _____ Location (Sanctuary or Chapel): _____

Number of guests expected: _____

The wedding date is reserved ONLY when the wedding couple receives a written confirmation from the church approving the requested date.

Bride

Bride Name (first middle last): _____

Date of Birth: _____

Present Address street: _____

city/state/zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Member of MUMC _____ Date joined _____

Church you attend _____

Parents' Name _____

Parents' Address _____

Parents' Phone _____

Groom

Groom Name (first middle last): _____

Date of Birth: _____

Present Address street: _____

city/state/zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Member of MUMC _____ Date joined _____

Church you attend _____

Parents' Name _____

Parents' Address _____

Parents' Phone _____

We have read and agreed to all wedding guidelines listed in the wedding booklet.

Bride's Signature

Groom's Signature