



# Wedding Application

Please complete and return to:

2000 Douglass Blvd  
Louisville, KY 40205-1928  
Church office: 459-1595

<input type="checkbox"/> Member	<input type="checkbox"/> Sanctuary	Rehearsal	Wedding
<input type="checkbox"/> Non-Member	<input type="checkbox"/> Chapel	Date: _____	Date: _____
		Time: _____	Time: _____

*(Rehearsals must be scheduled not later than 5pm)*

Total Paid: \_\_\_\_\_ (Deposit due: \$400 Non-member; \$135 Member)

Total Due: \_\_\_\_\_ (Total amount due: \$1500 Non-member; \$500 Member)

***(Form and deposit are due 2 weeks from the date mailed from the Church to keep wedding date reserved)***

BRIDE: \_\_\_\_\_

GROOM: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Officiant: \_\_\_\_\_

Will there be a guest pastor assisting?  Yes  No

*(It is expected that a St Paul pastor will officiate)*

Guest Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

Will the St Paul organist play for the service?  Yes  No

Please Give us the name and address/email for:

Other Musicians: \_\_\_\_\_

*(St Paul soloists are available for separate fees)*

Other people involved we may need to know about: \_\_\_\_\_

Please provide another contact person:

*Name & Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

If you are not a member, do you have another connection to St Paul? If you have relatives who attend, but you do not, please list their names and contact information. \_\_\_\_\_

\_\_\_\_\_

Your Permanent Address after Wedding: \_\_\_\_\_

\_\_\_\_\_

We have reviewed and agree to the information and wedding fees stated above. We acknowledge that we are responsible for following the policies and procedures regarding weddings at St Paul United Methodist Church and informing our vendors and wedding party about such policies.

*Signature of Bride* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Groom* \_\_\_\_\_ *Date* \_\_\_\_\_

***Checks can be made payable to St Paul United Methodist Church.***

***They are due with this form two weeks from the date mailed from the church.***

***Please send them to St Paul United Methodist Church, 2000 Douglass Blvd, Louisville, KY 40205-1928.***

St Paul UMC Pastors: Rev Gary Gibson, [ggibson@stpaulchurch.net](mailto:ggibson@stpaulchurch.net)

Rev. David Garvin, [dgarvin@stpaulchurch.net](mailto:dgarvin@stpaulchurch.net)

Rev. Katrina Paxson, [kpaxson@stpaulchurch.net](mailto:kpaxson@stpaulchurch.net)

St Paul UMC Organist: Dr. Will Simpson, [wsimpson@stpaulchurch.net](mailto:wsimpson@stpaulchurch.net)

For use by the Church Office:

Date sent by church: \_\_\_\_\_

Date due to church: \_\_\_\_\_

Date received by church: \_\_\_\_\_

Wedding Coordinator assigned: \_\_\_\_\_