



Wedding Application

Please complete and return to:
2000 Douglass Blvd
Louisville, KY 40205-1928
Church office: 459-1595
<http://www.stpaulchurch.net>

<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: \$500 Non-member; \$200 Member)

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

(Form and deposit are due 2 weeks from the date you contacted 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

No recorded music of any kind is permitted

Will Holy Communion be served at the wedding? 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, and to the "Policies Pertaining to Christian Weddings." **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 you contacted 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

Rev. David Garvin, dgarvin@stpaulchurch.net

Rev. Katrina Paxson, kpaxson@stpaulchurch.net

St Paul UMC Organist: Dr. Will Simpson, wsimpson@stpaulchurch.net

For use by the Church Office:

Date due to church: _____

Date received by church: _____

Wedding Coordinator assigned: _____