

Your Wedding

THE PRESBYTERIAN CHURCH OF MADISON



19 Green Avenue, Madison NJ 07940
Phone (973) 377 1600 • Fax (973) 377 8756
Web: www.presbyterain-madison.org

Your wedding date is reserved only when this completed form is received with your deposit.

TODAY'S DATE ____/____/____

CEREMONY DATE/TIME _____/_____/_____

REHEARSAL DATE/TIME _____/_____/_____

BRIDE

FULL NAME: _____

PHONE DAY _____

STREET ADDRESS _____ APT # _____

PHONE EVENING _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____

EMAIL _____

AGE _____

FATHER'S NAME _____

RELIGION _____

MOTHER'S MAIDEN NAME _____

SINGLE/ DIVORCED/ WIDOW

GROOM

FULL NAME: _____

PHONE DAY _____

STREET ADDRESS _____ APT # _____

PHONE EVENING _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____

EMAIL _____

AGE _____

FATHER'S NAME _____

RELIGION _____

MOTHER'S MAIDEN NAME _____

SINGLE/ DIVORCED/ WIDOW

WEDDING LOCATION:

SANCTUARY WEBB MEMORIAL CHAPEL OTHER _____

OFFICIATE: Rev. Virginia L. Wood, Pastor

MUSIC: William Watson, Organist

*OTHER MINISTER: _____

*Other Music Request(s):

PHONE # _____

*Prior consent must be given for other ministers or for any other music other than that offered by the church, please refer to the "Planning Your Wedding" information.

FOR OFFICE USE ONLY
:
PREPARE Couple No. _____
DEPOSIT CK # _____ DATE _____
FINAL CK # _____ DATE _____