

Wedding Details
Highlands United Methodist Church

Names of Bride and Groom _____

Preferred Date and Time of Wedding _____

Secondary Date _____ Location: Sanctuary _____ Other _____

Non-HUMC clergy assisting if desired: (complete information below)

Name: _____ Phone #: _____

Address: _____ Email: _____

Preferred Time of Rehearsal (which is night before wedding) _____

Location of Rehearsal Dinner _____

Place of Reception _____

Wedding Consultant _____ Phone # _____

Florist _____ Phone # _____

Photographer _____ Phone # _____

Organist: _____ HUMC _____ Other (complete information below)

Name: _____ Phone # _____

Email: _____

Other musicians _____

In the service, do you wish to have:

Unity Candle Yes _____ Possibly _____ No _____

Holy Communion Yes _____ Possibly _____ No _____

Wedding Banner Yes _____ Possibly _____ No _____

White Altar Cloth Yes _____ Possibly _____ No _____

Write below any additional information you wish the pastor or church office to know.

Thank you

Please return within 10 days of receipt of form.