



**The Vine United Methodist Church**  
**2002 4th Avenue**  
**Scottsbluff, NE 69361**  
**308.635.2069 Fax: 308.632.5723**  
**www.vineumc.com**

**Bride's Information**

**Groom's Information**

Name (Last, First Middle) \_\_\_\_\_

Name (Last, First Middle) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First name to be used at ceremony      Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First name to be used at ceremony      Date of Birth

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Home Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City                                  State                                  Zipcode

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City                                  State                                  Zipcode

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
 Daytime Phone                                  Cell Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
 Daytime Phone                                  Cell Phone

\_\_\_\_\_  
 Primary e-mail @

\_\_\_\_\_  
 Primary e-mail @

\_\_\_\_\_  
 Occupation

\_\_\_\_\_  
 Occupation

Yes \_\_\_ No \_\_\_  
 Member of FUMC      Other (which) \_\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Member of FUMC      Other (which) \_\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Baptized?                  Which Church \_\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Baptized?                  Which Church \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of baptism

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of baptism

Yes \_\_\_ No \_\_\_  
 Divorced                  Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Divorced                  Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Widowed                  Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes \_\_\_ No \_\_\_  
 Widowed                  Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Maid/Matron of honor                  # of bridesmaids

\_\_\_\_\_  
 Best Man of honor                          # of groomsmen

\_\_\_\_\_  
 Name of witness of license (please print legibly)

\_\_\_\_\_  
 Name of witness of license (please print legibly)

\_\_\_\_\_  
 Father's Full Name (no initials)

\_\_\_\_\_  
 Father's Full Name (no initials)

\_\_\_\_\_  
 Mother's Full Name (no initials)

\_\_\_\_\_  
 Mother's Full Name (no initials)

Children: Full Names and Ages:

Children: Full Names and Ages:

Couples Mailing Address **AFTER** Wedding: \_\_\_\_\_

**WEDDING CEREMONY INFORMATION:**

**WEDDING** Ceremony Date: \_\_\_\_\_ Time: \_\_\_\_\_

Wedding will be: \_\_\_\_\_ in the sanctuary \_\_\_\_\_ other location: \_\_\_\_\_

Will there be a reception: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Location: \_\_\_\_\_

Is the reception right after the ceremony: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you planning on inviting the pastor / spouse to the wedding reception: \_\_\_\_\_ Yes \_\_\_\_\_ No

Address to the reception: \_\_\_\_\_

Number of Guest Invited: \_\_\_\_\_ Photographer: \_\_\_\_\_ Contact #: \_\_\_\_\_

**REHEARSAL** Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Please allow one hour for the rehearsal)

Will there be a rehearsal dinner: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Location: \_\_\_\_\_

When is the rehearsal dinner: \_\_\_\_\_ Before Rehearsal \_\_\_\_\_ After Rehearsal

Are you planning on inviting the pastor / spouse to the rehearsal dinner: \_\_\_\_\_ Yes \_\_\_\_\_ No

Address to the rehearsal dinner: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date received in office

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Wedding Date

\_\_\_\_\_  
Wedding Time

\_\_\_\_\_  
Officiant

\_\_\_\_\_  
Organist

\_\_\_\_\_  
Space Needed

\$ \_\_\_\_\_  
Deposit total

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Due Date

\$ \_\_\_\_\_  
Final payment

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Due Date