



# WEDDING REQUEST FORM

St. Matthew's Lutheran Church

2440 Conestoga Road, Chester Springs, PA 19425

Phone: 610-458-5675 Fax: 610-458-2472 Email: [office@stmatthews-church.org](mailto:office@stmatthews-church.org)

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

Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Bride \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Email Address \_\_\_\_\_

Faith Background of Bride \_\_\_\_\_

Name of Groom \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Faith Background of Groom \_\_\_\_\_

Name of Minister you request to officiate \_\_\_\_\_

Church address of Minister \_\_\_\_\_

Denomination \_\_\_\_\_ Phone \_\_\_\_\_

Use of Sanctuary? Yes \_\_\_ No \_\_\_ # of Guests \_\_\_\_\_

Use of Organist? Yes \_\_\_ No \_\_\_

Will flowers remain for the worship service on Sunday? Yes \_\_\_ No \_\_\_

**We \_\_\_\_\_ have read the wedding guidelines of St. Matthew's Lutheran Church and agree to follow them.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Following to be FILLED IN BY OFFICE STAFF:

Deposit Paid \_\_\_\_\_ Fee Paid in Full \_\_\_\_\_ Date Application Received \_\_\_\_\_

**Complete this page and return via fax (610-458-2472) or email [office@stmatthews-church.org](mailto:office@stmatthews-church.org) If you would like more information about St. Matthew's Lutheran Church please contact the church office to speak with one of our Pastors.**