

Wedding Request Form

St. George's United Methodist Church
4910 Ox Road, Fairfax, VA 22030
Email: office@stgumc.vacoxmail.com
Phone: 703-385-4550 Fax: 703-385-7771

Wedding Date Requested: _____
Month/Day/Year Time

Second choice _____
Month/Day/Year Time

Bride's Name: _____
Current Address _____
Home Telephone _____ Work Phone _____
Email: _____

Baptized: ___ Yes ___ No

Current Church Affiliation _____
Location _____

Groom's Name: _____
Current Address _____
Home Telephone _____ Work Phone _____
Email: _____

Baptized: ___ Yes ___ No

Current Church Affiliation _____
Location _____

NOTES: _____
