APPLICATION FOR USE OF THE SANCTUARY
BETHANY UNITED METHODIST CHURCH
400 N. Walnut Street, Itasca, IL 60143, 630/773-0094
www.bethany-um-church.org

Requested Wedding Date: _____ Time _____
Rehearsal Date _____ Time _____

Groom: Full Name _____
Address: Street, City, Sate, Zip _____
_____
Home Phone _____ Work Phone _____
E-mail Address _____
Place of Employment _____
Occupation _____
Birth Date _____
Birthplace _____
Church Affiliation _____
Previous Marriage? _____ Any Children? _____

Bride: Full Name _____
Address: Street, City, Sate, Zip _____
_____
Home Phone _____ Work Phone _____
E-mail Address _____
Place of Employment _____
Occupation _____
Birth Date _____
Birthplace _____
Church Affiliation _____
Previous Marriage? _____ Any Children? _____

Ceremony: Number of Groomsmen:_____ Number of Bridesmaids_____
Flower Girls_____ Ring Bearers_____
Estimated guests at Wedding Ceremony_____

Expected Residence and phone numbers after wedding_____
_____
_____
_____