

Gobin Memorial United Methodist Church
PO Box 66
307 Simpson Street
Greencastle, IN 46135
765-658-6010

***Request for
The Rite of Christian Marriage
In
Gobin Memorial United Methodist Church***

This request is to be completed and returned to the church office of Gobin Memorial United Methodist Church no later than six months before you want to celebrate the *Rite of Christian Marriage*.

Bride's Name: _____

Bride's Address: _____

Bride's Telephone Number: _____

Groom's Name: _____

Groom's Address: _____

Groom's Telephone Number: _____

Is the Bride a member of Gobin Memorial United Methodist Church?

____ Yes ____ No

Is a parent of the Bride a member of Gobin Memorial United Methodist Church?

____ Yes ____ No

Is the Groom a member of Gobin Memorial United Methodist Church?

____ Yes ____ No

Is a parent of the Groom a Member of Gobin Memorial United Methodist Church?

_____ Yes _____ No

Are you a student at DePauw University and active in Gobin Memorial United Methodist Church?

_____ Yes _____ No

Were you ever a student at DePauw University and active in Gobin Memorial United Methodist Church?

_____ Yes _____ No If yes, when? _____

If you answered no to all of the previous six questions, why do you want to be married in Gobin Memorial United Methodist Church?

The date you request for your wedding: _____

The time you request for your wedding: _____

The date you request for your rehearsal: _____

The time you request for your rehearsal: _____

By signing this request for the Rite of Christian Marriage in Gobin Memorial United Methodist Church, I certify that I have carefully read the *Guidelines & Information* booklet, understand them, and agree to them.

Signature

Date

PRELIMINARY WEDDING INFORMATION

Bride & Groom Together

Names: (first, middle, last)

Man _____

Woman _____

Names by which you wish to be addressed during the marriage service:

(Example: Joseph William, Joseph, or Joe; Mary Jane, Mary, Jane, etc.)

Man _____

Woman _____

Date you wish to be married _____

Time you wish to be married _____

Rehearsal date _____

Rehearsal time _____

Do you request that another clergy-person, besides the Gobin Pastor, participate in your wedding?

_____ Yes _____ No

If yes, give the following information about that clergy-person:

Name: The Reverend _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Denomination: _____

How many guests do you expect to attend your wedding? _____

Your wedding party:

Name of Best Man _____

Name of Maid/Matron of Honor _____

Number of other Groomsmen _____

Number of other Bridesmaids _____

Number of Ushers _____

Will these Ushers also serve as groomsmen? _____ Yes _____ No

Ring Bearer? _____ Yes _____ No

Flower Girl? _____ Yes _____ No

Others? _____

Other Musicians besides the Gobin Church Organist?

How many rings will be used in your wedding? _____ Two _____ One

The Bride will be presented in marriage by: _____

Relationship to the Bride? _____

Will you be lighting a Unity Candle? _____ Yes _____ No

Will there be other candles used in your wedding? _____ Yes _____ No

If yes, please describe: _____

Will you be using an Aisle Runner in your wedding? Yes No

Your address after your wedding: _____

Please write below anything else you would like to incorporate into your wedding ceremony, along with any questions that you might have at this time. These things will be discussed at your first counseling session with the Pastor.

**Please complete this form, make a copy for yourselves,
and return the original with your
Request for the Rite of Christian Marriage form.**

PERSONAL INFORMATION

Bride

(This information will appear on your marriage license)

Name: _____
First Middle Last

Address before marriage:

Is this address on a farm? Yes No

What county do you reside in? _____

Telephone: _____ home _____ work _____ other

Education: Highest grade achieved? _____

What is your usual occupation? _____

Are you employed at present? Yes No Where: _____

Your age at the time of your wedding: _____

Place of birth (state of foreign country) _____

Have you ever been married previously? Yes No

If yes, how many times? _____

Previous marriage(s) terminated how? (death, divorce, annulment)

1. _____ Date Terminated: _____

2. _____ Date Terminated: _____

3. _____ Date Terminated: _____

4. _____ Date Terminated: _____

Church affiliation?

Member of _____ Church

Attend church at _____ Church

Date of Baptism _____

Your Parents:

Mother's name: _____

Maiden Name _____

Place of birth (state or country): _____

Religious Affiliation:

Member of _____ Church

Attend church at _____ Church

Father's Name: _____

Place of birth (state or country): _____

Religious Affiliation:

Member of _____ Church

Attend church at _____ Church

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PERSONAL INFORMATION

Groom

(This information will appear on your marriage license)

Name: _____
First Middle Last

Address before marriage:

Is this address on a farm? Yes No

What county do you reside in? _____

Telephone: _____ home _____ work _____ other

Education: Highest grade achieved? _____

What is your usual occupation? _____

Are you employed at present? Yes No Where: _____

Your age at the time of your wedding: _____

Place of birth (state of foreign country): _____

Have you been married previously? Yes No

If yes, how many times? _____

Previous marriage(s) terminated how? (death, divorce, annulment)

1. _____ Date Terminated: _____

2. _____ Date Terminated: _____

3. _____ Date Terminated: _____

4. _____ Date Terminated: _____

Church affiliation?

Member of _____ Church

Attend church at _____ Church

Date of Baptism _____

Your Parents:

Mother's name: _____

Maiden Name: _____

Place of birth (state or country): _____

Religious Affiliation:

Member of _____ Church

Attend church at _____ Church

Father's name: _____

Place of birth (state or country): _____

Religious Affiliation:

Member of _____ Church

Attend church at _____ Church

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