Maple Springs Baptist Church  
4131 Belt Road  
Capitol Heights, MD 20743

WEDDING REQUEST FORM

NAME OF BRIDE: ______________________________________________________

STREET ADDRESS: ____________________________________________________

_________________________________       _____ _______      ______________________

( City)                                  ( State)         ( Zip Code)

CONTACT TELEPHONE NUMBER: ______________________________              □ Cell  □ Home  □ Work

MEMBER OF MAPLE SPRINGS BAPTIST CHURCH: □ Yes    □ No

NAME OF GROOM: ______________________________________________________

STREET ADDRESS: ____________________________________________________

_________________________________       _____ _______      ______________________

( City)                                  ( State)         ( Zip Code)

CONTACT TELEPHONE NUMBER: ______________________________              □ Cell  □ Home  □ Work

MEMBER OF MAPLE SPRINGS BAPTIST CHURCH: □ Yes    □ No

DATE REQUESTED FOR WEDDING: ________________________________

TIME: ______________    □ a.m.   □ p.m.      SPACE REQUESTED: □ Sanctuary  □ Fellowship Hall

MINISTER REQUESTED FOR WEDDING: ________________________________

TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TRUSTEE MINISTRY APPROVAL:

APPROVED BY: ___________________________ DISAPPROVED BY: _________________________

SIGNATURE: _____________________________ DATE: _________________________

NOTIFICATION TO COUPLE ON: ________________________

Revised 11.2013