

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: _____