



WEDDING INFORMATION

Requested Wedding Date: _____

Time: _____

Requested Rehearsal Date: _____

Time: 4:00 p.m. or 5:00 p.m.

Groom's Information

Name: _____
First Last

Age: _____

Address: _____

Cell Phone: (____) _____

Email: _____

Occupation: _____

Current Church Membership (if applicable)

MPPC Pastor Requested: _____

Will you have a guest Pastor assisting () No () Yes If yes, please provides the following information:

Minister's Name: _____

Church: _____

Church Phone Number :(____) _____

Bride's Information

Name: _____
First Last

Age: _____

Address: _____

Cell Phone: (____) _____

email: _____

Occupation: _____

Current Church Membership (if applicable)

Please return this application with a \$250 deposit to:
Menlo Church, 950 Santa Cruz Avenue, Menlo Park, CA 94025
Attention: Sandra Parker/Weddings