

**Mandarin United Methodist Church  
Wedding Interview Information**

Wedding Date/Time: \_\_\_\_\_ / \_\_\_\_\_ Rehearsal Date/Time: \_\_\_\_\_ @ 5:30pm

Bride \_\_\_\_\_ Member ( ) Non-Member ( )

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Age: \_\_\_\_\_ Children (how many): \_\_\_\_\_

Religious affiliation, if any: \_\_\_\_\_

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Groom \_\_\_\_\_ Member ( ) Non-Member ( )

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Age: \_\_\_\_\_ Children (how many): \_\_\_\_\_

Religious affiliation, if any: \_\_\_\_\_

**Primary Residential Address after the wedding :**

**\*\* (this is where the deposit refund will be mailed to)**

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

1. Request the presiding pastor: Deborah McLeod ( ) Jeff St. Clair ( ) Will Wold ( )  
Mike Groos ( )
2. Have marriage license for the pastor at the rehearsal scheduled for \_\_\_\_\_
3. Schedule and attend premarital workshop (see information below).
4. Notify Mrs. Cassie Froeba, wedding coordinator, at 287-4745 when you have completed the counseling session. You will need to provide her with a copy of the counseling certificate.

**Counseling sessions are required by Mandarin United Methodist Church.**

We can suggest this counselor or you may find one of your choice:

The Rev. Janis Kinley, 904-553-6208

You will be given a certificate following completion of your counseling.

Please return this form via email to [sstrickland@mumc.net](mailto:sstrickland@mumc.net) or to the church office at:

Att: Sandy Strickland, Administrative Assistant

11270 San Jose Blvd.

Jacksonville, FL 32223