

Grace Lutheran Church Wedding Information Form

WEDDING DATE _____ TIME _____
(Because of the Saturday 5 p.m. worship service, the latest you can schedule a Saturday wedding is 3 p.m.)

Reception at Grace? _____ Yes, if Yes, what time? _____ No _____

BRIDE'S First/Middle/Last Name _____

Home Phone _____ Work Phone _____

Date joined Grace/Anticipated join date _____

Address _____

E-mail address _____

Name/Address/Phone of someone who will always know how to find you (parents, siblings, etc.)

GROOM'S First/Middle/Last Name _____

Home Phone _____ Work Phone _____

Date joined Grace/Anticipated join date _____

Address _____

Name/Address/Phone of someone who will always know how to find you (parents, siblings, etc.)

WITNESSES (Must be 16 years of age) _____

HOME ADDRESS after wedding (street, city, zip)

NAMES AFTER WEDDING _____

MARRIAGE PREPARATION REQUIRED: We request that your marriage preparation be done through Lutheran Social Services or Covenant Counseling. Information included in packet.
Our registration fee check # _____ for \$ _____ is enclosed to reserve our wedding date.
(This fee is non-refundable and non-deductible.)

TO BE COMPLETED BY PASTORAL STAFF
Mentors: _____