



Trinity Lutheran Church

Wedding Request and Information Form

Congratulations on your decision to marry! We hope to help you celebrate the giving of your vows surrounded by faith, family, and friends. You will need to make arrangements with the pastor to confirm dates and times for your wedding and your premarital counseling.

DATE OF WEDDING

To hold a date, **fees must be paid in full**
(see page 6 of The Wedding Handbook)

Date Fees Paid: _____	
PASTOR: _____	ORGANIST: _____
SANCTUARY: _____	FELLOWSHIP _____
CUSTODIAN: _____	HALL & _____
	KITCHEN: _____

Contact Information

Groom	Bride
Full Name: _____	Full Name: _____
Address: _____	Address: _____
	Check here if same as Groom's <input type="checkbox"/>
Phone: _____ cell: Y/N	Phone: _____ cell: Y/N
Email: _____	Email: _____
Are you a member of Trinity? ___ Yes ___ No	Are you a member of Trinity? ___ Yes ___ No
Are you a member of another church? ___ Yes ___ No	Are you a member of another church? ___ Yes ___ No
Name of church? _____	Name of church? _____

After Wedding Information

Bride's Full Name: _____	Address: _____
Groom's Full Name: _____	Check here if same as before <input type="checkbox"/>

Witnesses For Marriage License

Best Man: _____	Maid/Matron of Honor: _____
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Important Times

Rehearsal _____	Service _____
Photos _____	