

TRINITY LUTHERAN CHURCH
Marriage Information Form

GROOM

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

Cell Phone _____

E-mail _____

Age _____ Date of Birth _____

Previously Married? No Yes

If yes: Number of times _____

Ended by: Divorce Date _____

Death Date _____

Any children? No Yes

If yes: Age(s) _____

Church affiliation _____

Baptized date: _____

Confirmed date: _____

On average, how often do you attend Church?

Each week Once a month

Every few months Once a year Never

BRIDE

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

Cell Phone _____

E-mail _____

Age _____ Date of Birth _____

Previously Married? No Yes

If yes: Number of times _____

Ended by: Divorce Date _____

Death Date _____

Any children? No Yes

If yes: Age(s) _____

Church affiliation _____

Baptized date: _____

Confirmed date: _____

On average, how often do you attend Church?

Each week Once a month

Every few months Once a year Never

What will be your new home address? _____

After completing the reverse side, please return this form and all question forms to the church.

WEDDING INFORMATION

Date of Wedding _____ Time _____

Church Wedding Family/Private Wedding Ring Ceremony: Single Double

Organist _____ Phone _____

Soloist _____ Phone _____

Music 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Photographer _____ Florist _____

Attendants: Best Man _____ Maid/Matron of Honor _____

Brides Maids _____

Groom's Men _____

Ushers _____

Others: _____

Designated people (2) for cleanup (light) after wedding _____

Are you planning to have a rehearsal? Yes No Date: _____ Time: _____

Will there be a reception after the wedding? Yes No Where? _____

Do you wish to have a prayer included in church on the previous Sunday? Yes No

Are the wedding flowers to remain at church for the next Sunday Services? Yes No