

ST. JAMES LUTHERAN CHURCH WEDDING INFORMATION FORM

Name _____

Phone _____

Address _____

Date of Wedding _____

Time of Wedding _____ Rehearsal Date/Time (if applicable) _____

Deposit (mark if paid) _____ Balance Due (mark when paid) _____

WEDDING INFORMATION

The Ceremony

Place (sanctuary or garden) _____

Minister _____

Music _____

Number of Guests _____

Address following the wedding _____

I have read the Facility Use Guidelines of St. James Lutheran Church and agree to abide by its contents. St. James Lutheran Church will NOT be responsible for any injury which occurs while going to or from, or during the use of, the facilities.

Name: _____

Signature: _____

BRIDE:

Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____ Church Affiliation _____

First Marriage _____ Divorced (Since when) _____ Widowed _____

GROOM:

Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____ Church Affiliation _____

First Marriage _____ Divorced (Since when) _____ Widowed _____

WEDDING PARTY:

Name of Best Man _____

Name of Maid/Matron of Honor _____

Number of Ushers (include Best Man) _____

Number of Bridesmaids (include Maid/Matron of Honor) _____

Flower Girl _____ Ring Bearer _____

Groom's Father/Mother _____

_____ Divorced?

Bride's Father/Mother _____

_____ Divorced?

Other relatives/special guests to be seated with Wedding Party _____

