

GRACE 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): _____

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

Church affiliation: _____

Baptized: ☐ Yes — Date: _____

Confirmed: ☐ Yes — 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: _____

Type: ☐ Church Wedding ☐ Family/Private Wedding

Ring Ceremony: ☐ Single ☐ Double

Organist: _____

Phone: _____

Soloist: _____

Phone: _____

Music Selections:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Photographer: _____

Florist: _____

Attendants

Best Man: _____

Maid/Matron of Honor: _____

Bridesmaids: _____

Groomsmen: _____

Ushers: _____

Others: _____

Designated people (2) for light cleanup after wedding:

Rehearsal? ☐ Yes ☐ No — Date: _____ Time: _____

Reception after the wedding? ☐ Yes ☐ No

Where: _____

Prayer in church on previous Sunday? ☐ Yes ☐ No

Wedding flowers to remain at church for next Sunday services? ☐ Yes ☐ No