

First Lutheran Church Wedding Form

In order to guarantee your wedding date, please print, complete and return this application to the church office along with your deposit.

Groom's Current Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary attendant: _____ You or parents members of FLC? YES NO

Bride's Current Information

Name (Before Marriage): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary attendant: _____ You or parents members of FLC? YES NO

Address After Marriage

Address: _____

City: _____ State: _____ Zip: _____

Wedding Details

Date: _____ @ _____ Rehearsal: _____ @ _____

Place: (if other than sanctuary, please specify) _____

Approximate number of guests: _____ Will there be children in the service? YES NO

Do you request a particular minister? (If so, please name): _____

Guest minister? (If applicable) _____

Do you want organ music? YES NO Will there be a vocal soloist? YES NO

Will there be instrumentalists? YES NO If so, what instruments? _____

Name of Florist _____ Phone number of florist _____