

Wedding Request Form

Trinity Lutheran Church, Lake Mills

Groom (full name) _____ phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Previously Married? _____

Church Affiliation _____

Bride (full name) _____ phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Previously Married? _____

Church Affiliation _____

Date of **Wedding** _____ Time _____

Location _____ Approximate number of people _____

Rehearsal Date _____ Time _____

Organist _____ Hymns _____

Soloist _____ Selection(s) _____

(please consult with the pastor before making the final music selection)

Photographer _____ Florist _____

Best Man _____ City/State _____

Maid/Matron of Honor _____ City/State _____

Attendants _____

Flower Girl/Ring Bearer _____

Will there be a reception? _____ Where? _____

What will be your home address? _____

What will be your names after marriage? _____

Signed: _____ (groom)

_____ (bride)