

WEDDING INFORMATION
St. John Lutheran Church - Celina, OH 45822

WEDDING DATE: _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

MEETING DATE: _____ TIME: _____

MEETING DATE: _____ TIME: _____

GROOM	BRIDE
FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY _____	CITY _____
PHONE _____	PHONE _____
BIRTHDATE: _____ AGE _____	BIRTHDATE: _____ AGE _____
CHURCH MEMBERSHIP _____	CHURCH MEMBERSHIP _____
EMPLOYMENT _____	EMPLOYMENT _____
TIMES PREVIOUSLY MARRIED _____	TIMES PREVIOUSLY MARRIED _____

FUTURE ADDRESS: Street _____
City _____ State _____ Zip _____
Phone: _____

WEDDING INFORMATION:

1) PASTOR PRESIDING: _____

2) OTHER CLERGY /NO _____ If yes, Name _____

Church _____ Phone _____

3) WITNESSES:

GROOM: _____

BRIDE: _____

4) NUMBER OF ADDITIONAL COUPLES IN WEDDING PARTY: _____

5) RING BEARER: _____ AGE _____

6) FLOWER GIRL: _____ AGE _____

7) NUMBER OF USHERS (IF NOT IN WEDDING PARTY): _____

8) PARENTS TO BE SEATED: GROOM: _____

BRIDE: _____

SERVICE CHECKLIST:

1) FLOOR CANDELABRA: YES NO

2) UNITY CANDLE: YES NO

3) WHO LIGHTS CANDLES? _____

4) RUNNER: YES NO

5) PEW CANDLES: YES NO

6) WORSHIP BULLETINS: YES NO

7) BULLETINS PRINTED BY: ____ CHURCH ____ OTHER

8) ORGANIST/PIANIST: _____

9) HYMNS: _____

10) SOLOIST/SINGING GROUP: _____

11) SELECTIONS: _____

12) SPECIAL INSTRUMENTS: _____

13) ____ FATHER: _____

14) ____ FATHER AND MOTHER

15) BIBLE READINGS: _____

16) READ BY: ____ PASTOR ____ OTHER: _____

17) VOW & SERVICE: ____ LBW ____ CCT ____ OWN ____ REPEAT ____ MEMORIZE

18) ____ QUESTION TO FAMILIES ____ TO PARENTS ONLY ____ OMIT

19) COMMUNION: YES NO

BREAD & WINE _____ ASSISTANT _____

20) ____ FOCCUS PAID

21) ____ DEPOSIT PAID (NON-MEMBER)