

Approved by Pastor

## **Wedding Information Form**

Complete and return to St. John Lutheran Church, Celina, OH 45822

Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Wedding Location: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reception Location: \_\_\_\_\_ Time: \_\_\_\_\_

### **Groom**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

### **Bride**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

### **Future Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Deposit Paid (Non or Inactive Members) \_\_\_\_ Yes \_\_\_\_ No Amt. Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_