

WEDDING REQUEST FORM

LAST
NAMES _____

DATE: _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

Please print, fill information and return to Bethel Lutheran Church Office,
26400 Little Mack, St. Clair Shores, MI 48081 or email: *officeatbethel@gmail.com*

A refundable deposit of \$100.00 is needed to reserve your date.
Balance must be paid prior to wedding date.

OFFICE USE:	Coordinator: _____
Member Y N _____	
Fees due:	Musician: _____
Wedding: _____	
Candles: _____	
Bulletins: _____	Master Calendar _____
Sat. Supply: _____	Wedding Book _____
Flowers: _____	Shepherd Staff _____
Extra: _____	EMAIL _____
Total due: _____	
Dep. Pd.: _____	Date: _____
Pynt: _____	Date: _____
Balance Pd: _____	Date: _____

BRIDE: _____
First name Middle Last

BD: _____ Age: _____ Children/Ages _____

Single: _____ Divorced: _____ Divorce date: _____ Yrs. Marr'd: _____

ADDRESS: _____

BEST CONTACT? (CELL/TEXT) _____ (HOME) _____ EMAIL _____

CHURCH MEMBERSHIP/BACKGROUND: _____ BAPTIZED: () YES () NO

PARENTS: Marr. _____ Divor. _____ Yrs. Marr'd _____

SISTERS/BROTHERS WITH AGES: _____

GROOM: _____ BD: _____ Age: _____
First name Middle Last

Single: _____ Divorced: _____ Divorce date: _____ Yrs. Marr'd: _____ Children/Ages _____

ADDRESS: _____

BEST CONTACT? (CELL/WORK) _____ (HOME) _____ EMAIL _____

CHURCH MEMBERSHIP/BACKGROUND: _____ BAPTIZED: () YES () NO

PARENTS: Marr. _____ Divor. _____ Yrs. Marr'd _____

SISTERS/BROTHERS WITH AGES: _____

If cohabitating, how long? _____ How long have you known each other? _____

What led to your cohabitation?

Have you prepared legal documents regarding your living together? If so, what are they?

Are your finances: United in one account Separate

ADDRESS FOLLOWING WEDDING: _____