



First Lutheran Church  
 109 E. Lincoln Street  
 Findlay, OH 45840  
 419-422-2638

Wedding Date _____ Time _____ Pastor _____ Deposit Rec'd _____ For office use only
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## Wedding Information Form

**BRIDE:** Full Name \_\_\_\_\_  
 Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church Membership \_\_\_\_\_ Baptized? Yes ( ) No ( )

**GROOM:** Full Name \_\_\_\_\_  
 Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church Membership \_\_\_\_\_ Baptized? Yes ( ) No ( )

Couple's Address after Marriage \_\_\_\_\_

**Bride's Parents:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**Grooms Parents:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**DATES**

Wedding: Date: \_\_\_\_\_ Time \_\_\_\_\_ Number of Rings 1 ( ) 2 ( )  
 Rehearsal: Date: \_\_\_\_\_ Time \_\_\_\_\_

**WEDDING PARTY**

Number of attendants for: Bride \_\_\_\_\_ Groom \_\_\_\_\_  
 Flower Girl? Yes \_\_\_\_\_ No \_\_\_\_\_ Ring Bearer? Yes \_\_\_\_\_ No \_\_\_\_\_

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*The lower portion to be completed with the Pastor during a counseling session*

Readers: Yes \_\_\_\_\_ No \_\_\_\_\_ Lessons Chosen: \_\_\_\_\_  
 Soloists # \_\_\_\_\_ Microphones # \_\_\_\_\_ CD Player \_\_\_\_\_ Number of songs \_\_\_\_\_  
 Unity Candle Yes \_\_\_\_\_ No \_\_\_\_\_ Runner Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of Photographer: \_\_\_\_\_ Phone: \_\_\_\_\_ Time of Photographs: \_\_\_\_\_  
 Name of Florist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_

**△ We have verified the date with the church office and the Sr. Pastor of First Lutheran Church.**