

St. John Lutheran Church
Marriage Planning Form

Date of Marriage _____ Pastor _____ Name of License Issuer _____ License No. _____

INFORMATION	GROOM	BRIDE
Surname		
Given Names		
Never Married, Widowed, or Divorced		
Religious Denomination		
Birth date		
Birth place		
Address before Marriage		
Phone Number		
Email Addresses		
Father's Surname		
Father's Given Names		
Father's Birth Place		
Mother's Surname		
Mother's Given Names		
Mother's Birth Place		
Witness Name		
Witness Address		
Witness Phone Number		

INFORMATION	GROOM	BRIDE
Occupation		
Church Membership		
Church Membership Class		
Number of Attendants		

Flower Girl Name:	Ring Bearer Name:
Organist:	Photographer:
Soloist:	Videographer:
Solo (s)	Flowers:
Musicians (other:	Wedding Planner/Director:

Bible Texts
Hymns

Rings (Single Ring or Double Ring)	Wedding Candles (specify)
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Vows A ___ B ___ C ___ D ___ Traditional ___ Their Own ___	
Other Extras	
Rehearsal Date	Rehearsal Time
Place of Reception	Time
Table Grace at Reception	
Order of Procession	
Next Meeting	

NOTES:
