

St. James Marriage Planning Information

Names _____

Date of Wedding _____ Time: _____

Date of Rehearsal _____ Time: 6:00 pm or _____

Attendants: No. of Bridesmaids _____ Jr. Bridesmaid _____ Flower Girl _____
No. of Groomsmen _____ Ringbearer _____

Print Names of your Maid/Matron of Honor & Bridesmaids _____

Print Names of your Best man/Groomsmen _____

Names after wedding _____

Address after wedding _____

Phone: _____

Photographer's Name: _____

Florist: _____ Delivery time: _____ Who is meeting florist: _____

Will you be using a Unity Candle? Yes _____ No _____

Organist/Accompanist _____ Soloists/s _____

Reception Location _____ Time _____

We have read Guidelines for a Christian Wedding and agree to abide by all of the rules and guidelines pertaining to having our wedding at St. James Evangelical Lutheran Church.

Bride _____ Date _____

Groom _____ Date _____

- | | |
|--|--|
| <input type="checkbox"/> \$100 deposit to reserve church | <input type="checkbox"/> Bulletin and final payment 10 days before |
| <input type="checkbox"/> Meetings scheduled with pastor | <input type="checkbox"/> Marriage license due Wednesday before |

BRIDE'S INFORMATION

Full Name: _____ Age _____
Home Address _____
County _____
E-Mail _____
Home Phone No. _____

Place of Employment _____

Business Phone _____
Occupation _____

Date of Birth: Month ___ Day ___ Year _____
Birthplace _____

Father's Full Name _____
Father Living? Yes ___ No ___

Mother's Full Name _____
Please include maiden name

Mother Living? Yes ___ No ___
Parents still married? Yes ___ No ___

Have you been married previously?
Yes ___ No ___

Previous marriage(s) terminated by:
Death ___ Divorce ___

Do you have children? Yes ___ No ___

If children by previous marriage(s), please give
name(s) and age(s) _____

Are you or your parents members of St.
James? Yes ___ No ___

If no, what church do you most frequently
attend? _____

Member? Yes ___ No ___

BRIDEGROOM'S INFORMATION

Full Name: _____ Age _____
Home Address _____
County _____
E-Mail _____
Home Phone No. _____

Place of Employment _____

Business Phone _____
Occupation _____

Date of Birth: Month ___ Day ___ Year _____
Birthplace _____

Father's Full Name _____
Father Living? Yes ___ No ___

Mother's Full Name _____
Please include maiden name

Mother Living? Yes ___ No ___
Parents still married? Yes ___ No ___

Have you been married previously?
Yes ___ No ___

Previous marriage(s) terminated by:
Death ___ Divorce ___

Do you have children? Yes ___ No ___

If children by previous marriage(s), please give
name(s) and age(s) _____

Are you or your parents members of St.
James? Yes ___ No ___

If no, what church do you most frequently
attend? _____

Member? Yes ___ No ___