

# Wedding Information Form

Please print clearly and spell each name exactly as you want it to appear in the wedding bulletin.

BRIDE	GROOM
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____
Parents: _____	Parents: _____
Church: _____	Church: _____
Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/>	Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/>

THE WEDDING SERVICE	
Wedding Date: _____	Wedding Time: _____
Rehearsal Date: _____	Rehearsal Time: _____
Number of Guests Expected: _____	Number of Bulletins Needed: _____
Wedding Candle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will flowers be left for Sunday services? Yes <input type="checkbox"/> No <input type="checkbox"/>

THE WEDDING PARTY	
<b>Maid/Matron of Honor</b> _____	<b>Best Man</b> _____
<b>Bridesmaids (in order)</b> _____ _____ _____ _____ _____	<b>Groomsmen (in order)</b> _____ _____ _____ _____ _____
<b>Flower Girl (include age)</b> _____	<b>Ring Bearer (include age)</b> _____

THE USHERS	
_____	_____

### THE MUSIC

Organist: \_\_\_\_\_ Soloist: \_\_\_\_\_

Accompanist: \_\_\_\_\_ Organ/Piano/etc. \_\_\_\_\_

*(Pastor must approve all music selections.)*

Processional: \_\_\_\_\_

Recessional: \_\_\_\_\_

Solo/Song Selections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER QUESTIONS

Who will be walking the Bride down the aisle? \_\_\_\_\_

Will the Bride have a veil covering her face? \_\_\_\_\_ Approximate Length of Trane? \_\_\_\_\_

Which of the following two options do you prefer:

- 1. The bridesmaids will walk down the aisle alone and meet the groomsmen in front .....
- 2. The groomsmen and bridesmaids will walk down the aisle together .....

### THE BRIDE & GROOMS OCCUPATIONS AND PLACES OF EMPLOYMENT (optional)

Bride: \_\_\_\_\_

Groom: \_\_\_\_\_

### YOUR ADDRESS AFTER YOU ARE MARRIED

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

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

*Bring this questionnaire along with you to your next meeting with Pastor Bischoff.*

St. Peter's Ev. Lutheran Church  
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