

WEDDING CONTACT INFORMATION

Please complete this sheet and return it to the church office.
Our address is Immanuel Lutheran Church, 47120 Romeo Plank Road, Macomb, MI 48044.

The Bride

Name _____ Gender _____
Present Address _____
City, State & Zip _____
Home Phone Number _____ Cell Phone Number _____
Email _____
Birth Date _____ Place of Birth _____
Are You Baptized? YES or NO If So, When/Where? _____
Current Church Affiliation _____
Place of Employment _____
Occupation _____ Work Phone _____
Previously Married? YES or NO
Marriage Ended How? _____
Any Children? _____ Names & Ages _____
If Divorced, What Were Reasons? _____
Your Parents Are: Married Divorced Single Widowed Deceased
Your Father's Name _____
Your Mother's First, Last and Maiden Name _____

The Groom

Name _____ Gender _____
Present Address _____
City, State & Zip _____
Home Phone Number _____ Cell Phone Number _____
Email _____
Birth Date _____ Place of Birth _____
Are You Baptized? YES or NO If So, When/Where? _____
Current Church Affiliation _____
Place of Employment _____
Occupation _____ Work Phone _____
Previously Married? YES or NO
Marriage Ended How? _____
Any Children? _____ Names & Ages _____
If Divorced, What Were Reasons? _____
Your Parents Are: Married Divorced Single Widowed Deceased
Your Father's Name _____
Your Mother's First, Last and Maiden Name _____

WEDDING CONTACT INFORMATION

New Address After Wedding

New Address _____

City, State & Zip _____

Home Phone Number _____

Your Story

How did you meet? _____

How long have you known each other? _____

Statement of Acknowledgment

I agree to pay \$ _____ for my wedding, plus any additional incidental charges, should they occur. Further, I understand that full/final payment is to be made at least 30 days prior to my scheduled wedding date, and that all monies paid are non-refundable.

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Wedding Date: _____ Time: _____ Chapel · Worship Center · Off-site (_____)

Rehearsal Date: _____ Time: _____

M · NM

License # _____ County: _____

Pastor: _____

Coordinator: _____

Musician: _____

Audio/Visual: _____

Date Reservation Made: _____

Calendar Updated: _____

Imm Orientation: _____

Pre-Marriage Seminar: _____

Flat Fee: _____

Deposit: _____ (Ck # _____ Date: _____)

Balance: _____ (Ck # _____ Date: _____)