

Wedding Registration Form

Please return this form to the church office as soon as possible.

We have read the Wedding Policy of St. Andrew's Lutheran church and we agree to follow this policy and understand we are responsible for any damage to the church property during our wedding., Therefore, we wish to register our intent to be married at St. Andrews on:

Wedding Date: ___/___/___ **Day of the Week:** _____
Time: _____ am/pm **Location: St. Andrew's or** _____

SIGNED: _____

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Bride's Full Name: _____

Bride's Birth Date: ___/___/___ *Parent(s) will attend? Y/N*

Present Address: _____

Phone (Home and Mobile): _____

Email: _____

Current Church Membership: _____

Employer & Occupation: _____

Parent Name(s) and Address: _____

Present Marital Status: _____

Children (if any): _____

Groom's Full Name: _____

Groom's Birth Date: ___/___/___ *Parent(s) will attend? Y/N*

Present Address: _____

Phone (Home and Mobile): _____

Email: _____

Current Church Membership: _____

Employer & Occupation: _____

Parent Name(s) and Address: _____

Present Marital Status: _____

Children (if any): _____

Rehearsal Date: ___/___/___ *Time:* _____ am/pm *Dinner? Yes/No*

Rehearsal Location (if not at St. Andrew's) _____

Wedding Reception Location: _____

Caterer: _____ *Phone:* _____

Congregation is invited? Yes/No *Approx. Number Invited:* _____

Wedding Sermon? Yes/No Holy Communion? Yes/No

Will you use the church's candles and candelabras? Yes/No

Will you rent/supply other wedding decorations? Yes/No

Address After Wedding: _____

Maid/Matron of Honor: _____

Bridesmaids: _____

Flower Girl: _____ age _____

Best Man: _____

Groomsmen: _____

Ushers: _____

Ring Bearer: _____ age _____

Candle Lighters: _____

Soloist(s): _____

Musician(s): _____

Musical Selections: _____

Photographer: _____ Phone: _____

Videographer: _____ Phone: _____

Florist: _____ Phone: _____

PLEASE NOTE: Pastor Osborn requires a minimum of three months notice prior to the wedding to plan the ceremony and to prepare the couple for marriage through pre-marital counseling. Normally four (4) meetings are expected: three (3) for counseling and one for planning the ceremony itself.

While you do not have to participate in pre-marital counseling with Pastor Osborn, she does feel it is important and expects counseling to occur prior to the wedding (either with her or with another clergy person or licensed mental health care professional). If you prefer Pastor Osborn to provide this service for you, please list three possible dates for our first meeting: ___/___/___, ___/___/___, ___/___/___.

If you live out of town, but would like Pastor Osborn to officiate at your wedding ceremony, please provide the name and phone number of the pastor/professional who will provide your pre-marital counseling: _____

Please sign here to give your consent for Pastor Osborn to contact this professional: _____.