

**St. John Lutheran Church**  
**Marriage Planning Form**

Date of Marriage

Name of License Issuer

License Number

\_\_\_\_\_

INFORMATION	GROOM	BRIDE
Surname		
Given Names		
Never Married, Widowed, Divorced		
Religious Denomination		
Birth Date		
Birth Place		
Address before Marriage		
Phone Number		
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		
Candidate Membership Class		
Number of Attendants		

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

Alter Flowers (to be left for Sunday) \$35 .00 Yes _____ or No _____
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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