

Wedding Couple Information

St. Luke's Lutheran Church

1701 W. Old Shakopee Rd., Bloomington, MN 55431

952-881-5801 * www.stlukes.ws

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Requested Pastor: _____

Other Clergy Participating: _____

*Organist: _____

*Sound/Video Technician: _____

Office use only:

Getting started: _____

Retreat: _____

Prepare #: _____

***To be filled out by office**

Bride's Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Telephone: hm: _____ wk: _____ cell: _____

E-Mail Address: _____

Age at Marriage: _____ Occupation: _____

Religious Affiliation: _____ St. Luke's Member? Yes No

Bride's Name after Marriage: _____
 First Middle Last

Groom's Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Telephone: hm: _____ wk: _____ cell: _____

E-Mail Address: _____

Age at Marriage: _____ Occupation: _____

Religious Affiliation: _____ St. Luke's Member? Yes No

Address after Marriage: _____
 Street City State Zip

Home Phone: _____