

Wedding Information Form
Holy Cross Lutheran Church

Name: _____
Address: _____
Home Phone: _____, Cell Phone: _____
Email Address: _____
Home Church: _____, City, State: _____
Bride's Parents: _____

Name: _____
Address: _____
Home Phone: _____, Cell Phone: _____
Email Address: _____
Home Church: _____, City, State: _____
Groom's Parents: _____

Wedding Date: _____, Time: _____

Rehearsal Date: _____, Time: _____

Witness: _____

Full Address (required for Marriage Licence) : _____

City: _____, State: _____, Zip Code: _____

Witness: _____

Full Address (required for Marriage Licence) : _____

City: _____, State: _____, Zip Code: _____

Pictures Taken: Before Service, After Service Start Time: _____

Estimated number of Guests? _____ (seating is limited to 330)

Church Reception? Yes, No Number of Guests? _____

Wedding Programs printed by Holy Cross? Yes, No

Your wedding date will not be reserved on the church calendar until your completed Wedding Information Form and the \$100 deposit have been returned.

We have received, read and agree to the policies and guidelines stated in the Wedding Guidelines.

Signatures: _____ & _____ Date: _____

for office use only

Total fee: \$ _____
Deposit: \$ _____ Date paid: _____
Balance: \$ _____ Date Paid: _____