

PROSPECTIVE WEDDING COUPLE INFORMATION FORM

Please fill out your information below and return this form to Trinity Lutheran Church. The Wedding Coordinator will contact you with more information.

DATE OF REQUEST _____

BRIDE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Cell _____ Home _____ Work _____

Email Address: _____

TRINITY-UTICA MEMBER? YES NO

GROOM'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Cell _____ Home _____ Work _____

Email Address: _____

TRINITY-UTICA MEMBER? YES NO

Wedding date requested: _____

Wedding day / time : _____

Rehearsal date requested: _____

Rehearsal day / time: _____

Where/How did you hear about Trinity? _____

NOTES:
