

# Our Wedding Plans

Trinity Lutheran Church is here to help make your wedding memorable, special and the beginning of your Christian life together. To help us help you, fill out the form below and return it the pastor performing your wedding AT LEAST 4 WEEKS prior to your wedding date. This will be kept in the office for reference.

**Church office phone: 913-432-5441    Office hours: Monday—Friday: 8:00 to 4:00**

Bride's Name: \_\_\_\_\_ Groom's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthdate \_\_\_\_\_

Member of Trinity? \_\_\_\_\_ Yes \_\_\_\_\_ No    Member of Trinity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not a Trinity member, what church do you belong to? \_\_\_\_\_

Bride's Parents \_\_\_\_\_ Groom's Parents \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Members of Trinity? \_\_\_\_\_ Members of Trinity? \_\_\_\_\_

If not a Trinity member, what church do you belong to? \_\_\_\_\_

Wedding Day, Date, Time \_\_\_\_\_

Minister/s Officiating \_\_\_\_\_

Reception Site \_\_\_\_\_

Wedding Rehearsal Day, Date, Time \_\_\_\_\_

Will the ceremony be: formal \_\_\_\_\_ semi-formal \_\_\_\_\_ casual \_\_\_\_\_

Will you be using a Unity Candle? \_\_\_\_\_ Will you be using Aisle Candles? \_\_\_\_\_

Your address after the wedding with phone number \_\_\_\_\_

\_\_\_\_\_