

Please bring form with you, mail or email (stolaf@gondtc.com)

MARRIAGE INFORMATION

Full Name of GROOM: _____
Address _____
City/State/Zip _____ Phone _____
Church Membership _____

Full Name of BRIDE: _____
Address _____
City/State/Zip _____ Phone _____
Church Membership _____

Rehearsal:

Date _____

Hour _____

Wedding:

Date _____

Hour _____

BRIDE'S Honor Attendant _____

GROOM'S Best Man _____

Address After Marriage _____

NOTES:

To be completed by the church office:

First Interview _____

Second Interview _____

Third Interview _____