

wedding information
St. John's Lutheran Church- Brookfield, WI

Date & Time of Wedding: _____

Bride's Full Name: _____

address: _____

date of birth: _____

e-mail: _____ phone#: _____

Groom's Full Name: _____

address: _____

date of birth: _____

e-mail: _____ phone#: _____

Rehearsal date and time: _____

Names of witnesses who will sign the marriage license:

Special needs/requests: _____

office use

pastor officiating:

rooms reserved:

event entered on calendar:

notes: