

Wedding Contract & Information Sheet

Peace Lutheran Church

Wedding Date: _____

Time: _____

Rehearsal Date: _____

Time: _____

Facility to be used: Peace Other: _____

Pastor: Mark Nelson Joe Orner Other participating clergy (w/permission): _____

Organist/Musician: _____

Witnesses for Marriage License: 1. _____ 2. _____

Wedding Participant Information—1

Name: _____
First Middle Last

Address: _____
Street City State Zip

Cell phone: _____ Email: _____

Age at Marriage: _____ Occupation: _____

Religious Affiliation: _____ Peace Member: Yes No

Name after Marriage: _____
First Middle Last

Parents names _____

Wedding Participant Information—2

Name: _____
First Middle Last

Address: _____
Street City State Zip

Cell phone: _____ Email: _____

Age at Marriage: _____ Occupation: _____

Religious Affiliation: _____ Peace Member: Yes No

Name after Marriage: _____
First Middle Last

Parents names _____

Address after : _____
Marriage Street City State Zip

We have read the Wedding Information Packet and we understand that our wedding will be in accordance with all these policies.

Wedding Participant

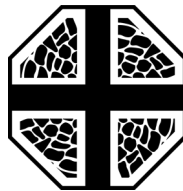
Wedding Participant

Date: _____

For office use only:

Date deposit paid: _____

Initial meeting with Pastor: _____



Peace Lutheran Church
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Bloomington, MN 55438
952.944.6510