

**First Lutheran Church Fergus Falls, MN
WEDDING INFORMATION FORM**

Wedding Date _____

Time _____

Rehearsal Date _____

Time _____

Pastor Presiding _____

Groom's Full Name

Bride's Full Name

Address _____

Address _____

Prepare/Enrich Completed: _____

Email Address _____

Email Address _____

Cell Phone _____

Cell Phone _____

Phone (h) _____

Phone (h) _____

Date of Birth _____

Date of Birth _____

Name & Place of Church Membership

Name & Place of Church Membership

If a member of First Lutheran & living away from Fergus Falls, do you wish to remain a member or would you like a Letter of Transfer? _____

If a member of First Lutheran & living away from Fergus Falls, do you wish to remain a member or would you like a Letter of Transfer? _____

If not a member of First Lutheran Church now, are you interested in membership? _____

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Address after marriage _____