



Immanuel Lutheran

Embracing Equipping Engaging

13445 W Hampton Rd Brookfield, WI 53005-7513
 Church: 262.781.7140 School: 262.781.4135 Child Care: 262.781.7342
 Sr. Pastor: Stephen Henderson Associate Pastor Colby Howell
 Christian Day School Principal: Jen Comfort Office Manager: Kim Graf

REQUEST FOR MARRIAGE SERVICE

Date of Wedding: _____ Day of Wedding: _____ Time: _____
 Church Wedding? Yes If not, place: _____ Public - Private (circle one)
 Rehearsal: Date: _____ Day: _____ Time: _____
 Officiating Pastor: _____ Date of Information: _____
 Full Name of Groom: _____ Age: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Email Address: _____ Marital Status (Single, widowed, divorced): _____
 Currently a member of which church?: _____
 Full Name of Bride: _____ Age: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Email Address: _____ Marital Status (Single, widowed, divorced): _____
 Currently a member of which church?: _____
 New Address: _____ City: _____ State _____ Zip: _____
 Home Phone: (____) _____

MUSIC, SERVICE, AND RECEPTION

in Wedding Party: Groomsmen: ____ Bridesmaids: ____ Children: ____ (Include Best Man & Maid/Matron of Honor)
 Number of Guests: _____
 Organist: _____ Phone: (____) _____
 Soloist: _____ Phone: (____) _____
 Songs: _____ Congregational Hymns: _____
 Aisle Runner? _____ Banner? _____ Use Unity Candle? _____
 Ring Ceremony: None - Single - Double (circle one) License Secured? _____
 Photographer: _____
 Florist: _____
 Bulletins? _____
 Place of Reception: _____
 Time: _____ Table Prayer: Yes ____ No ____

Copies to Altar Guild, Organist, Wedding Coordinator, other Pastors