

REQUEST FOR WEDDING

**Faith Lutheran Church
305 First Avenue East • Balsam Lake, Wisconsin 54108
(715) 485-3800 • faithlutheran@lakeland.ws**

Requested Wedding Date _____ **Time** _____

Requested Rehearsal Date _____ **Time** _____

BRIDE _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Maid of Honor _____

Church Background or Affiliation _____

Member of Faith Lutheran? _____ Parent(s) member of Faith Lutheran _____

GROOM _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Best Man: _____

Church Background or Affiliation _____

Member of Faith Lutheran? _____ Parent(s) member of Faith Lutheran _____

Please answer the following questions to help us with your wedding:

1. Is your wedding ceremony to be held at Faith Lutheran? _____

If off-site, please identify the location: _____

2. Why did you choose Faith Lutheran for your wedding? _____

3. If you are requesting others to participate in the ceremony, in addition to the pastor, as either readers of scripture, relative/family friend who is a pastor, et cetera, please list and include your relationship to those individuals and what role you would like him/her to have in your ceremony:

4. Total number of participants you are planning to have in your wedding party (including bride and groom)

5. Place of wedding reception _____ Time _____

6. Have you received your Faith Lutheran Church Wedding Booklet and fee sheet? _____

Commitment:

We have received and reviewed the Faith Lutheran Church Wedding Booklet; we understand and accept the expectations of us as we prepare for our Faith Lutheran wedding. We are committed to active participation at Faith Lutheran by worshipping regularly (at least six times within the four months prior to our wedding). We commit to participating in the premarital counseling sessions as we take steps towards our Christian marriage.

Bride's signature _____ **Date** _____

Groom's signature _____ **Date** _____

Please mail this form, completed, with your non-refundable deposit check for \$100 make out to Faith Lutheran Church, to the attention of Tonya Fuglsang in our church office.