

WEDDING INFORMATION

WEDDING DATE _____ TIME: _____

WEDDING LOCATION _____

BRIDE'S NAME _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL _____

DATE OF BIRTH _____

BRIDE'S PARENTS _____

GROOM'S NAME _____

ADDRESS: _____

PHONE NUMBER _____ EMAIL _____

DATE OF BIRTH _____

GROOM'S PARENTS _____

***PLEASE RETURN COMPLETED FORM TO
ST ANDREW LUTHERAN CHURCH
15 EAST BEACH RD
PO BOX 1259
CHARLESTOWN RI 02813***