

Holy Cross Lutheran Church Wedding Information

Bride's Name: _____

Address: _____

Home Phone: _____, Work Phone: _____, Cell Phone: _____

Email Address: _____

Home Church: _____, City, State: _____

Bride's Parents: _____

Groom's Name: _____

Address: _____

Home Phone: _____, Work Phone: _____, Cell Phone: _____

Email Address: _____

Home Church: _____, City, State: _____

Groom's Parents: _____

Wedding Date: _____, Time: _____
(Saturday weddings cannot begin later than 3:00 p.m.)

Rehearsal Date: _____, Time: _____

Witness (*Maid of Honor*): _____

Full Address: _____

Witness (*Best Man*): _____

Full Address: _____

Pictures Taken: Before Service, After Service Start Time: _____

Estimated number of Guests? _____ (*seating is limited to 330*)

Church Reception? Yes, No Number of Guests? _____

Wedding Programs printed by Holy Cross? Yes, No

for office use only

Organist: _____

Other Musicians: _____

Soloist(s): _____

Total fee: \$ _____
Deposit: \$ _____ Date paid: _____
Balance: \$ _____ Date Paid: _____