

WEDDING APPLICATION

Mount Olive Lutheran Church

Date _____ Time _____ Rehearsal _____ Time _____

BRIDE: _____ Birthdate _____

Address _____

City _____

Phone (H) _____ (W) _____

Member of Mt. Olive _____ Church Membership _____

Parents _____

Married Before _____ Children _____

GROOM: _____ Birthdate _____

Address _____

City _____

Phone (H) _____ (W) _____

Member of Mt. Olive _____ Church Membership _____

Parents _____

Married Before _____ Children _____

OFFICIATING PASTOR

Do you wish prayers spoken Sunday before your wedding? _____

Church Wedding _____ Outdoor _____

Ring Ceremony _____ Single _____ Double _____

Unity Candle _____ Receiving Line _____

Aisle Candles _____ Wedding Banners _____ # of Guests _____

Organist _____ Soloist _____

Attendants _____ Ushers _____

Ring Bearer _____ Flower Girl _____

Maid/Matron of Honor _____ Best Man _____

OTHER CONCERNS: _____

Wedding bulletin program: Will do own printing/typing _____

Church office will do typing/printing _____

