



IMMANUEL

Wedding Information

BRIDE

Full Name _____
Address _____
Date of Birth _____
Email _____
Phone # _____
Congregation _____

GROOM

Full Name _____
Address _____
Date of Birth _____
Email _____
Phone # _____
Congregation _____

TIMING / LOCATION

Rehearsal Date / Location / Time _____
Wedding Date / Location / Time _____
Reception Date / Location / Time _____

Please check the Immanuel's Calendar with the church office before scheduling with others.

ATTENDANTS:

_____*	_____*
_____	_____
_____	_____
_____	_____
_____	_____

* Maid / Matron of Honor

* Best Man

USHERS (1 per 50 guests):

_____	_____
_____	_____
_____	_____

CANDLELIGHTERS

_____	_____
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Would you like to have the aisle candles lit? Yes / No

READERS / SPEAKERS

SPECIAL GUESTS

Please include relationship to bride or groom

OFFICIANTS

ADDRESS / PHONE #

Please discuss other officiants with our pastor before inviting them to participate.

MUSICIANS / SOLOISTS

Please ask all participants to be present at the rehearsal.

Will Holy Communion be served?

Yes / No

Who will have the rings?

How would you like the congregation to be seated?

Expected number of guests

Receiving Line Details

Bride's Personal Attendant

Photography Details

Will there be children in the wedding party?

Please include their names and ages

*To reserve your date on Immanuel's calendar and our pastor's calendar, please return this form.
If your wedding will be at Immanuel, please return the deposit to secure your date.
Thanks for reading our wedding brochure and scheduling a meeting with our pastor
as soon as possible. Blessings as you plan and celebrate!*