



Our Savior's Lutheran Church • W299N5782 County Rd E • Hartland, WI 53029 • (262) 367-6000
www.oursaviorshartland.org

Wedding Information Sheet

Wedding Facility Coordinator: Lonna Mars: 262-367-2353 or email marsl262@aol.com

LICENSE NO. _____
COUNTY _____

Proposed Wedding Date and Time: _____

Proposed Rehearsal Date and Time: _____

Reviewed Costs and Contributions: _____ (please initial)

Pre-Marriage Counseling Dates: _____

Presiding Minister: _____

Bride: _____ Age: _____
(First) (Middle) (Last)

Address: _____ Email: _____

City & State: _____ Phone: _____

Parents Names: _____ Phone: _____

Groom: _____ Age: _____
(First) (Middle) (Last)

Address: _____ Email: _____

City & State: _____ Phone: _____

Parents Names: _____ Phone: _____

Future Address of Bride and Groom: _____

BRIDE'S ATTENDANTS

Maid/Matron of Honor:

Flower Girl:_____

GROOM'S ATTENDANTS

Best Man:

Ring Bearer:_____

Ushers: (Please review the usher duties and responsibilities in the Wedding Questionnaire and Information packet provided)

Name and Phone:_____

Name and Phone:_____

Organist: _____ Phone:_____

Soloist: _____ Phone:_____

Special Music for Processional:_____

Special Music for Recessional:_____

Hymns/Songs:_____

Readings:_____

Readers: _____

Please review the Wedding Guidelines packet for Order of Service information. Discuss with Pastor.

Communion:_____ Kneeler:_____
Runner:_____ All:_____ Bride Only:_____

Number of Pews Reserved For Family:_____

Photographer: _____ **Phone:** _____

Florist: _____ **Phone:** _____

Other Information: _____

Receiving line following reception: _____

Reception Location : _____

Review Costs and Contributions sheet for Members and Non-Members

All fees are to be paid at least 2 weeks prior to the rehearsal. Separate checks should be made out.

Members total: \$850.00 (with soloist)

Non-Members total: \$1,400.00 (with soloist)

-----Office Use Only-----

Wedding Date and Time Confirmed: _____

Rehearsal Date and Time Confirmed: _____

Presiding Pastor: _____

All fees paid: _____ Date: _____ Received by: _____