



## WEDDING INFORMATION

Wedding Date \_\_\_\_\_ Time: \_\_\_\_\_

Wedding Location \_\_\_\_\_

**Bride's Name** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Bride's Parents \_\_\_\_\_

Bridesmaids \_\_\_\_\_

**Groom's Name** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Groom's Parents \_\_\_\_\_

Groomsmen \_\_\_\_\_

*Please return completed form to  
St Andrew Lutheran Church  
15 East Beach Rd  
Charlestown RI 02813*

