## QUESTIONNAIRE FOR BRIDAL COUPLES

NOTE: This document is to be filled out as completely as possible and returned to Pastor Kollmann before the date of the rehearsal and the wedding can be considered for final approval. The undersigned agrees to the wedding format and the wishes and regulations of Messiah congregation described in the Messiah engagement packet. Upon returning this document, by mail or in person, Pastor Kollmann will call you to confirm the dates.

Full name of th	First		Middle	Last
		(Please fill in first middle and last name)		
Home #		Work #	Cell	#
Email		Preferred N	Method of Communication	n (circle one): phone call / text / emai
Address			City	zip
Previously mar	rried?	Birth date_		
Church Affiliati	on			
Full name of th	ne Groom			· · · · · · · · · · · · · · · · · · ·
	First		Middle	Last
Home #		Work #	Cell	#
Email				
Address	rriad?	Rirth date		_City
	on			<del></del>
Date of Wedding				
			e)_	
2004.01.01.11		Lutheran Church		Off campus location
Officiate(s):_				
Organist/Mus	sician:			
Wedding Cod	ordinator:			
Attendants:	Best Man:			_
	Maid/Matron of Ho	nor:		
Will there be	a rehearsal dinner?	Where?		
Will there be a reception?		Where?	Messiah, please fill out Fa	acility request form)
What will be y	vour home address?		iooolari, pioaoo iiii oat i t	
TTICL WIII DO	your nome address:			<del></del>
Marriage lice	nse No			
Signed:	Bride			
	Groom			