

WEDDING APPLICATION
Immanuel Lutheran Church
1715 Grant Road Los Altos, CA 94024



Requested Wedding Date: _____

Time: _____

Requested Rehearsal Date: _____

Time: _____

Groom's Information:

Bride's Information:

Name: _____
First Last

Name: _____
First Last

Age: _____

Age: _____

Address: _____

Address: _____

Home Phone: () _____

Home Phone: () _____

Work Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Current Church Membership (if applicable)

Current Church Membership (if applicable)

Pastor Requested: _____

Will you have a guest Pastor officiating? () No () Yes

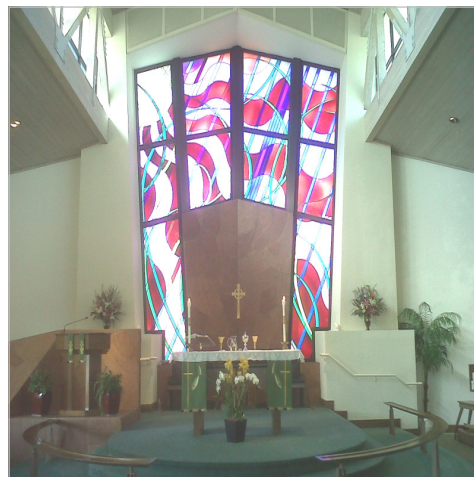
If yes, please provide the following information:

Minister's Name: _____

Church: _____

Church Phone Number: () _____

Number of Guests you plan to invite: _____
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Please follow these simple steps when you're ready to mail the \$300 deposit check:

- Make the check out to "Immanuel Lutheran Church"
- Note your wedding date on the check
- Return it with this application to:

Immanuel Lutheran Church
Attention: Lynn North / Weddings
1715 Grant Road
Los Altos, CA 94024