



APPLICATION FOR MARRIAGE

Trinity Lutheran Church
203 N. Harth Ave.
Madison, South Dakota 57042
605-256-2771 www.tlcmadison.com
Rev. Dirk Hagmaier
Rev. Constanze Hagmaier

GROOM: _____
First Middle Last

ADDRESS: _____
Street Address

City State Zip

PHONE: (Home) _____

(Work) _____

(Cell) _____

EMAIL ADDRESS: _____

BIRTHDATE: _____

BIRTH PLACE: _____
City State

PREVIOUS MARRIAGE?: Yes No

CHILDREN: _____
Names

CURRENT OCCUPATION: _____

CHURCH MEMBERSHIP: _____
Name

Street Address City State Zip

MEMBERSHIP STATUS: Active Inactive

MOTHER'S NAME: _____

FATHER'S NAME: _____

HOW LONG HAVE YOU KNOWN EACH OTHER? _____

HOW LONG HAVE YOU DATED? _____ HOW LONG HAVE YOU BEEN ENGAGED? _____

NEW HOME ADDRESS: _____
Street Address City State Zip

NEW CHURCH MEMBERSHIP: _____
Name Street Address City State Zip

REHEARSAL DATE: _____ TIME: _____

WEDDING DATE: _____ TIME: _____

BRIDE: _____
First Middle Last

ADDRESS: _____
Street Address

City State Zip

PHONE: (Home) _____

(Work) _____

(Cell) _____

EMAIL ADDRESS: _____

BIRTHDATE: _____

BIRTH PLACE: _____
City State

PREVIOUS MARRIAGE?: Yes No

CHILDREN: _____
Names

CURRENT OCCUPATION: _____

CHURCH MEMBERSHIP: _____
Name

Street Address City State Zip

MEMBERSHIP STATUS: Active Inactive

MOTHER'S NAME: _____

FATHER'S NAME: _____

SETUP DATE: _____ TIME: _____

Please check all that apply:

[] REGISTRATION TABLE [] BANNERS [] UNITY TABLE [] CANDELABRA

RECEPTION LOCATION: _____ TIME: _____

RECEPTION HOST/HOSTESS: _____

WEDDING ATTENDANTS

BRIDE'S

GROOM'S

1ST Attendant (required) _____

2nd Attendant (optional) _____

3rd Attendant (optional) _____

4th Attendant (optional) _____

5th Attendant (optional) _____

RINGBEARER: _____ FLOWERGIRL: _____

USHERS: 1) _____ 2) _____

3) _____ 4) _____

LECTORS: 1) _____ 2) _____

CANDLELIGHTERS: 1) _____ 2) _____

ORGANIST: _____ OTHER MUSICAL: _____

VOCALISTS: _____ VIDEOGRAPHER: _____

SONG TITLES: 1) _____ 2) _____

3) _____ 4) _____

PERSONAL ATTENDANT: _____

PHOTOGRAPHER: _____ TIME: _____

FLORIST: _____ DELIVERY TIME: _____

PLANS FOR PRE-MARITAL PREPARATION: DATE _____ TIME _____

SESSIONS: #1 DATE _____ TIME _____

#2 DATE _____ TIME _____

#3 DATE _____ TIME _____

FINAL MEETING WITH WEDDING COORDINATOR: DATE _____ TIME _____

(Must be at least 2 weeks prior to wedding)

MARRIAGE LICENSE GIVEN TO CHURCH OFFICE NO LATER THAN: _____

(Must be given at least 5 working days prior to wedding)