

WEDDING APPLICATION

St. John Lutheran Church
146 6TH Ave. W · Dickinson ND 58601
701-225-6747



Upon reviewing the Wedding Policy, please complete the following information.
Return this Wedding Application to the church office to schedule your wedding at St. John Lutheran Church.

~ GROOM'S INFORMATION ~

Name _____

Address _____

Home phone _____

Cell phone _____

Personal email _____

Employment _____

Work phone _____

Work email _____

Church Membership
(church name, city & state)

~ BRIDE'S INFORMATION ~

Name _____

Address _____

Home phone _____

Cell phone _____

Personal email _____

Employment _____

Work phone _____

Work email _____

Church Membership
(church name, city & state)

Legal name after the wedding

"I have read & agree to the wedding Policy set forth by St. John Lutheran Church."

Signature of the Groom

Signature of the Bride

Requested Wedding Date _____

Requested Pastor (if you have a preference) _____

Office use:

Date application received _____

Pastor's signature _____

Scheduled: Y _____ N _____

Admin: CMS _____ NN _____