

# GRACE LUTHERAN CHURCH & SCHOOL

856 W. Newgrove Street, Lancaster, California, 93534—661.948.1018—fax 661.948.2731

Bride's name	_____
Address	_____
City, State, Zip	_____
Cell Phone, email	_____
Home Church	_____

Groom's name	_____
Address	_____
City, State, Zip	_____
Cell Phone, email	_____
Home Church	_____

Requested Wedding Date & Time \_\_\_\_\_

Rehearsal Date & Time \_\_\_\_\_

Reception Place & Time \_\_\_\_\_

We both have read the Grace Lutheran Church & School Wedding Manual and agree to abide by its guidelines in having a Christian wedding and marriage. We agree to faithfully participate in premarital counseling, regularly attend church, be involved in the life of the church, and raise our children in the Christian faith.

Signed \_\_\_\_\_ Signed \_\_\_\_\_