

# WEDDING APPLICATION AND INFORMATION

South Canyon Lutheran Church  
700 44<sup>th</sup> Street - Rapid City, South Dakota 57702 - Phone: (605) 343-4887

Groom's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptism Date \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Previously Married? yes \_\_\_\_\_ no \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Present Church Membership \_\_\_\_\_ (church name and address)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Bride's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptism Date \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Previously Married? yes \_\_\_\_\_ no \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Present Church Membership \_\_\_\_\_ (church name and address)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Wedding Date Desired \_\_\_\_\_ Time \_\_\_\_\_

Name of Pastor Requested \_\_\_\_\_ (No wedding after 4 p.m. on Saturday)

Music Desired \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organist/Musicians \_\_\_\_\_

County where License will be Purchased \_\_\_\_\_

Witnesses \_\_\_\_\_

Rehearsal Date and Time \_\_\_\_\_ Reception Location \_\_\_\_\_

Today's Date \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Deposit Received \_\_\_\_\_

WEDDING DATE WILL BE SECURED **ONLY** UPON THE  
COMPLETION AND RETURN OF THIS FORM.  
DATE WILL REMAIN AVAILABLE TO OTHERS UNTIL FORM IS RECEIVED.