

# REQUEST TO SCHEDULE A WEDDING

Grace Lutheran Church  
1140 E. High St.  
Davenport, IA. 52803  
office@gracewelcomesyou.org

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a member of Grace? Bride Yes \_\_\_\_\_ No \_\_\_\_\_ Groom Yes \_\_\_\_\_ No \_\_\_\_\_

Do either of you have membership in another Church in the Quad City Area? Yes \_\_\_\_\_ No \_\_\_\_\_

Wedding date requested \_\_\_\_\_ Wedding time requested \_\_\_\_\_

(There can be no weddings after 2:00 as we have services at 5:30 on Saturdays)

Rehearsal date requested \_\_\_\_\_ Rehearsal time requested \_\_\_\_\_

Do you wish to have the wedding at Grace? \_\_\_\_\_ If not, what location do you have in mind? \_\_\_\_\_

Approximate number of guests you are expecting \_\_\_\_\_

Will you have a receiving line after your wedding? Yes \_\_\_\_\_ No \_\_\_\_\_

When will pictures be taken? Before the ceremony \_\_\_\_\_ After the ceremony \_\_\_\_\_ or Both \_\_\_\_\_.

Preference for Pastor (this will depend on the pastor's availability) \_\_\_\_\_



After this form is returned to the church office, a pastor will contact you and either confirm your request or discuss alternate possibilities. The Wedding Coordinator will also be in contact with you.