MARRIAGE REGISTRATION FORM
[Note: please fill in as much information as you are able and return it to the church office] Please print.

Date of Rehearsal:		Time:	a.m. p.m.
		Time:	a.m. p.m.
Wedding L	ocation (Check One	): Main Church Sta	avkirke
Bride:		Age: Pho	one:
name:	first, middle, last		home
street	 ;	<del></del>	work
•	state zip	<del></del>	mobile
email	[		
Groom:		Age: Ph	none:
	ne: first, middle, last		home
stree	et	<del></del>	work
•	state zip	<del></del>	mobile
ema	nil		Phone:
Witnesses (	(indicate numbers): I Jr. Bridesr	Bridesmaids Groomsme maid/Groom Flower gir	en Ushers: ·l Ringbearer
Organist/Pi	anist:	Vocali	st:
Reception: Place		Time:	
We have re	ad <i>Weddings at Trin</i> wedding at Trinity.		the rules and guidelines pertaining
Bride:		Groom:	Date:
4	<b>+ + + + + + +</b> +	<b>.</b>	++++++++
Deposit:	Amount:	Date Received:	Check No
License:	Number:	County:	
Witnesses:			