

Marriage Application Form

St. John's Lutheran Church
302 2nd Street NE, PO Box 238, Buffalo, MN 55313
Office: 763-682-1883 – Fax: 763-682-1936 – E-mail:
info@stjohnsbuffalo.org

For Office Use:

Entered on
Church calendar: _____

Fees Paid: _____

Name of Bride _____

Name of Groom _____

Address _____

Address _____

Phone _____

Phone _____

Age _____

Age _____

Marital Status: single divorced widowed

Marital Status: single divorced widowed

Church Membership
or preference: _____

Church Membership
or preference: _____

Children: (names and ages)

Preferred Wedding Date(s):

First Choice _____

Second Choice _____

Time _____

Time _____

Wedding Rehearsal: Date _____

Officiating Pastor: _____

Time _____

Wedding Site:

St. John's _____ Other _____

If one or both of you are members of St. John's, we would like to update our membership records.

Please tell us what last name the bride will be using. _____

What will be your future address and phone number? _____

The pastors of St. John's have a variety of ways to help you prepare for your marriage and strengthen your relationship with God. Are you willing to commit time with one of the pastors to move toward these goals?

yes no special circumstances _____

Are you interested in the support for your marriage that church membership can provide? yes no

Please use the back to tell us the reasons you want a Church Wedding at St. John's. →