



Trinity Evangelical Lutheran Church
328 George St., West Chicago, IL 60185

Wedding Couple – Personal Information Sheet

Wedding Day/Date: _____

Time: _____

Rehearsal Date: _____

Time: _____

BRIDE

Name in Full: _____

Street Address: _____

City/State/Zip _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

GROOM

Name in Full: _____

Street Address: _____

City/State/Zip _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

COUPLE'S PERMANENT ADDRESS

Street Address: _____

City/State/Zip _____