



# The WEDDING Questionnaire

Information about:

- + groom and bride
- + wedding party
- + date and time
- + holy scripture
- + VOWS
- + music

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a member of the Eastern Synod  
of the Evangelical Lutheran Church in Canada

## Date & Time of Wedding & Rehearsal

Date of Wedding: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Wedding: \_\_\_\_\_

Wedding Licence: Number: \_\_\_\_\_

## Information about the Groom & Bride

Groom: \_\_\_\_\_

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

Date/Place of Birth: \_\_\_\_\_

Date/Place of Baptism: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Birthplace: \_\_\_\_\_

Mother's Name (in full including maiden name):  
\_\_\_\_\_

Mother's Birthplace: \_\_\_\_\_

Bride: \_\_\_\_\_

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

Date/Place of Birth: \_\_\_\_\_

Date/Place of Baptism: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Birthplace: \_\_\_\_\_

Mother's Name (in full including maiden name):  
\_\_\_\_\_

Mother's Birthplace: \_\_\_\_\_

## *Wedding Party*

Best Man: \_\_\_\_\_

Maid of Honour: \_\_\_\_\_

Bride's  
Attendants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Groom's  
Attendants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ring Bearer: \_\_\_\_\_

Flower Girl: \_\_\_\_\_

# Wedding Service Details

Holy Scripture Texts (see pamphlet for readings)

First Reading (Old Testament): \_\_\_\_\_

Second Reading: (New Testament): \_\_\_\_\_

Gospel: \_\_\_\_\_

Hymns: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If Yes, what hymn(s) (see pamphlet for options):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reader(s): \_\_\_\_\_  
\_\_\_\_\_

VOWS (see pamphlet for options):

OPTION #1: \_\_\_\_\_ OPTION #2: \_\_\_\_\_ OPTION #3: \_\_\_\_\_

OPTION #4: \_\_\_\_\_ OPTION #5: \_\_\_\_\_ OWN: \_\_\_\_\_

Parental Blessing: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Exchange of Rings: TWO RINGS: \_\_\_\_\_ ONE RING: \_\_\_\_\_

Holy Communion: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Worship Assistant: \_\_\_\_\_