



# FLC Wedding Request Form

DESIRED DATE OF WEDDING

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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## BRIDE

Full Name :

Email:

Street Address:

City

State:

Zip Code :

Phone :

## GROOM

Full Name :

Email:

Street Address:

The City :

State:

Zip Code :

Phone :

I have read and understand the Wedding Planning Guide of First Lutheran Church, Galveston

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit to the Church Office in person, by mail, or through email to:  
[flcg@firstlutherangalveston.com](mailto:flcg@firstlutherangalveston.com)

2415 Winnie St Galveston, TX 77550