TRINITY EVANGELICAL LUTHERAN CHURCH

175 S. Third Street

Lehighton, Pennsylvania 18235 Phone: 610-377-4303 & Fax: 610-377-0706

Office email: telc1872@ptd.net

MARRIAGE APPLICATION

(please print)

DATE OF APPLICATION:	
DATE OF MARRIAGE:	TIME OF MARRIAGE:
GROOM'S NAME	AGE
ADDRESS	
	(CELL)
CHURCH	(WORK)
EMAIL	
	AGE
ADDRESS	
	(CELL)
CHURCH	(WORK)
EMAIL	
NAME AFTER MARRIAGE	
ADDRESS AFTER MARRIAGE: (IF DIFFEI	RENT FROM ABOVE)
(Str	eet)
(City, State	and Zip Code)
	rinity Church, we acknowledge the presence of God in our through its ministry, to assist us during our time of
We will meet with the pastor on three occas ceremony.	sions to discuss our marriage plans and to plan our
We will be active in our worship life, as work day.	k schedule permits, to prepare our hearts for our special
Groom's signature	Bride's signature