



# FLC Wedding Request Form

DESIRED DATE OF WEDDING

/   /

## 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