



## Initial Pre-Marriage Information Sheet

St. James Lutheran Church, ELCA  
421 Main Street PO Box 25  
Allison, Iowa 50602  
319.267.2274

Spouse 1 Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education/Degrees: \_\_\_\_\_

Parent's Name (1): \_\_\_\_\_

Parent's Name (2): \_\_\_\_\_

Baptized (Place, Date): \_\_\_\_\_

Confirmed (Place, Date): \_\_\_\_\_

Place of Church Membership: \_\_\_\_\_

Previously Married: \_\_\_ Yes \_\_\_ No

If yes, please give circumstances:

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

Children (Name and Age):

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

Spouse 2 Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education/Degrees: \_\_\_\_\_

Parent's Name (1): \_\_\_\_\_

Parent's Name (2): \_\_\_\_\_

Baptized (Place, Date): \_\_\_\_\_

Confirmed (Place, Date): \_\_\_\_\_

Place of Church Membership: \_\_\_\_\_

Previously Married: \_\_\_ Yes \_\_\_ No

If yes, please give circumstances:

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

Children (Name and Age):

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

E-Mail Addresses and Additional Information:

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

Please return this form to the church office and make an appointment to meet with the pastor as soon as possible. Prior to your meeting with the pastor, please read the St. James Lutheran Church marriage booklet and consider any questions that you may have. We look forward to being a part of your special day!