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ARMENIAN APOSTOLIC CHURCH OF COLORADO

Rev. Father Yeremia Khachatryan – Parish Priest

**APPLICATION FOR HOLY MATRIMONY**

(Please type or print. Return completed application to Ani Babaian email: armchurchdenver@gmail.com)

For Office Use only:

License # \_\_\_\_\_

Certificate # \_\_\_\_\_

Wedding Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time \_\_\_\_\_

**GROOM'S INFORMATION:** 1. Full Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Email \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

4. Groom's Baptized Denomination \_\_\_\_\_ Year \_\_\_\_\_ Church \_\_\_\_\_

5. If not baptized or confirmed, the following date is suggested for baptism and/or confirmation in the Armenian Church.

(services are held 2<sup>nd</sup> Sunday per Month) Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_

6. Marital status (select one)  Never Married;  Widower;  Divorced

7. Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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**BRIDE'S INFORMATION:** 8. Full Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10 Email \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

11. Bride's Baptized Denomination \_\_\_\_\_ Year \_\_\_\_\_ Church \_\_\_\_\_

12. If not baptized or confirmed, the following date is suggested for baptism and/or confirmation in the Armenian Church.

(services are held 2<sup>nd</sup> Sunday per Month) Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_

13. Marital status (select one)  Never Married;  Widower;  Divorced

14. Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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15. Best Man's Full Name \_\_\_\_\_ Contact # \_\_\_\_\_

(The best man must be a Christian)

17. Maid of Honor's Full Name \_\_\_\_\_ Contact # \_\_\_\_\_

For Questions, please contact Ani Babaian (303) 915 - 2426

[www.coloradoarmenianchurch.com](http://www.coloradoarmenianchurch.com) | [armchurchdenver@gmail.com](mailto:armchurchdenver@gmail.com)

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**ARMENIAN APOSTOLIC CHURCH OF COLORADO**

19. Consultation with the Parish Priest Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

20. Location of Wedding Ceremony:

St. Catherine Greek Orthodox Church;  Sanctuary Only  Sanctuary + Hall

Other location requested (*only with Priest's approval*) \_\_\_\_\_

Address \_\_\_\_\_

21. Wedding Rehearsal Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

22. Officiating Clergy:  Rev. Father Yeremia Khachatryan;  Other Clergy (*only with Priest's approval - list name below*)

23. Language of service:  Armenian;  Russian;  English \_\_\_\_\_

24. Location of reception \_\_\_\_\_ 25. Number of guests \_\_\_\_\_

26. Address of the newlyweds after the wedding:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**DONATIONS FOR HOLY MATRIMONY**

(Donations have been suggested and approved by Parish Council 2014)

Church Service	\$800	
Total	\$800	

To secure Wedding Ceremony service date, please pay full amount to treasurer on date of application submission. Please note; for services held outside of normal church service dates, additional fees will apply such as: admin fee, church rental, air travel & hotel reservation for our father.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_