

# Holy Matrimony

Use this form to request a Wedding

Date of Application: \_\_\_\_\_

Groom's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Bachelor or Widower or Divorced: \_\_\_\_\_ Number of this Marriage: \_\_\_\_\_

Baptized: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

Confirmed: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

Communicant: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Parents' Residence: \_\_\_\_\_

Bride's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Maiden or Widow or Divorced: \_\_\_\_\_ Number of this Marriage: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Baptized: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

Confirmed: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

Communicant: \_\_\_\_\_ In what Denomination: \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Parents' Residence: \_\_\_\_\_

License Number: \_\_\_\_\_ Where Issued: \_\_\_\_\_

Date of Ceremony: \_\_\_\_\_ Hour: \_\_\_\_\_

Place of Ceremony: \_\_\_\_\_

Holy Communion:  Yes  No  Church  Chapel  Residence

Organist: \_\_\_\_\_ Choir:  Yes  No

Rehearsal: \_\_\_\_\_

Witnesses: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Permanent Residence after Marriage: \_\_\_\_\_  
\_\_\_\_\_

Fees: Priest: \$ \_\_\_\_\_

Organist: \$ \_\_\_\_\_

Sexton: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Officiant: \_\_\_\_\_