JFA
CEREMONY SERVICES

JFA Ceremony Services

Application

Name of the Wife *

First Name | Middle Name | Last Name

Phone Number

Please enter a valid phone number.

Email

example@example.com

Complete (If Applicable)

DOC ID # | Institution Name | Institution city/state

Address

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

Name of the Husband *

First Name | Middle Name | Last Name

Phone Number

Please enter a valid phone number.

Email

example@example.com

Complete (If Applicable)

DOC ID # | Institution Name | Institution city/state

Address

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code

Location of ceremony

Address

Type of ceremony location

Ex. Church, Park, Jail, etc.

Chaplain name (if applicable)

First Name | Last Name

Chaplain contact information

Phone/email

Name of the First Witness

First Name Last Name

Name of the Second Witness

First Name Last Name

DO NOT WRITE BELOW LINE

Date

Month Day Year

Date

Month Day Year

Date

Month Day Year

Date

Month Day Year

Date

Month Day Year

Date

Day Year