

EMMANUEL EPISCOPAL CHURCH WEDDING INFORMATION

GROOM _____ **BRIDE** _____

PROPOSED DATE OF WEDDING _____ TIME _____

DATE OF REHEARSAL _____ TIME _____

OFFICIATING PRIEST _____

PERMANENT ADDRESS AFTER MARRIAGE _____

HOLY EUCHARIST? Yes ___ No ___ NUMBER OF GUESTS EXPECTED AT THE CHURCH _____

RECEPTION (PLACE) _____

NUMBER OF WITNESSES: MEN ___ WOMEN ___ CHILDREN OVER 8 YEARS OF AGE _____

PRINCIPLE WITNESSES _____
Best Man Maid/Matron of Honor

PERSON RESPONSIBLE FOR WEDDING COSTS _____

ADDRESS _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____

E-MAIL ADDRESS _____

BRIDE'S FULL NAME _____ **AGE** _____

NAME BRIDE PREFERS AFTER MARRIAGE _____

DATE OF BIRTH _____ **PLACE OF BIRTH - CITY** _____ **STATE** _____
month day year

CURRENT RESIDENCE _____

TELEPHONE (H) _____ **(O)** _____ **OCCUPATION** _____

NEVER MARRIED, WIDOWED, DIVORCED _____ **NUMBER OF THIS MARRIAGE** _____

IF DIVORCED, DATE(S) OF PREVIOUS MARRIAGE _____

YOUR AGE AT TIME OF PREVIOUS MARRIAGE _____ **NAMES/AGES OF CHILDREN OF FORMER MARRIAGE** _____

IN WHOSE CUSTODY ARE CHILDREN _____

WHO PROVIDES FINANCIAL SUPPORT FOR THE CHILDREN _____

GROUNDS FOR DIVORCE _____ **DID YOU SEEK COUNSELING OR HELP** _____

FROM WHOM DID YOU SEEK COUNSELING OR HELP _____

BAPTIZED _____ **DENOMINATION** _____ **CONFIRMED** _____ **DENOMINATION** _____

COMMUNICANT _____ **DENOMINATION/CONGREGATION** _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME (INCLUDING MAIDEN NAME) _____

PARENTS' RESIDENCE _____

E-MAIL ADDRESS _____

GROOM'S FULL NAME _____ **AGE** _____

DATE OF BIRTH _____ PLACE OF BIRTH - CITY _____ STATE _____
month day year

CURRENT RESIDENCE _____

TELEPHONE (H) _____ (O) _____ OCCUPATION _____

NEVER MARRIED, WIDOWED, DIVORCED _____ NUMBER OF THIS MARRIAGE _____
 IF DIVORCED, DATE(S) OF PREVIOUS MARRIAGE _____

YOUR AGE AT TIME OF PREVIOUS MARRIAGE _____ NAMES/AGES OF CHILDREN OF FORMER MARRIAGE _____

IN WHOSE CUSTODY ARE CHILDREN? _____

WHO PROVIDES FINANCIAL SUPPORT FOR THE CHILDREN? _____

GROUNDS FOR DIVORCE _____ DID YOU SEEK COUNSELING OR HELP? _____

FROM WHOM DID YOU SEEK COUNSELING OR HELP? _____

BAPTIZED _____ DENOMINATION _____ CONFIRMED _____ DENOMINATION _____

COMMUNICANT _____ DENOMINATION/CONGREGATION _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME (INCLUDING MAIDEN NAME) _____

PARENTS' RESIDENCE _____

E-MAIL ADDRESS _____

The above information is accurate to the best of our knowledge. We understand that the Rector has final authority in all things connected with the Church especially the Liturgy. No Wedding will be scheduled unless the Rector has approved the application. The approval is contingent on the payment of fees and completion of pre-marital preparation.

 Groom's Signature

 Bride's Signature

CHURCH STAFF SECTION

DATE OF APPLICATION _____ ON CALENDAR _____

MRS. YATES NOTIFIED _____ DIRECTOR OF MUSIC NOTIFIED _____ SEXTON NOTIFIED _____

ALTAR GUILD NOTIFIED _____ (name) _____

IN PARISH REGISTER _____ BISHOP NOTIFIED IF REMARRIAGE _____