

Information for Holy Matrimony – St. Peter’s Episcopal Church

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Please PRINT all information clearly

Date of Application: _____

Groom’s Information

Full Name: _____

Age: _____ Date of Birth: *[mm/dd/yy]* _____

City and State of Birth: _____

Bachelor, Widower, Divorced: _____ Number of this Marriage: _____

Residence: _____

Telephone: Home _____ Cell _____

Baptized: _____ Denomination: _____

Confirmed: _____ Denomination: _____

Communicant: _____ Denomination: _____

Father’s Full Name: _____

Mother’s Full Name: _____ Maiden Name: _____

Parent’s Residence: _____

Brides’s Information

Full Name: _____

Age: _____ Date of Birth: *[mm/dd/yy]* _____

City and State of Birth: _____

Single, Widow, Divorced: _____ Number of this Marriage: _____

Maiden Name if Widowed/Divorced: _____

Residence: _____

Telephone: Home _____ Cell _____

Baptized: _____ Denomination: _____

Confirmed: _____ Denomination: _____

Communicant: _____ Denomination: _____

Father's Full Name: _____

Mother's Full Name: _____ Maiden Name: _____

Parent's Residence: _____

Marriage License Number: _____ County, State of issue: _____

Date of Ceremony: _____ Time of Ceremony: _____

Place of Ceremony: Church _____ Chapel _____ Other _____

Holy Communion: _____

Organist: _____ Choir: _____

Flowers: _____ Fees: _____

Rehearsal: Date and Time _____, _____

Names of Witnesses:

1.) _____

2.) _____

3.) _____

4.) _____

Permanent Address after Marriage: _____

Officiant: _____