



ST CHRISTOPHER'S WEDDING APPLICATION

Date of application: _____

Requested **Date** and **time** of Wedding: _____

Are you a member? Yes/No *or* Related to a member? _____

Applicant's Full Name: _____

Address: _____

Cell#: _____ Email: _____

Marital Status: Single ____ Widowed ____ Divorced ____ Number of this marriage: ____

Religious History: Baptized? (*circle one*) Yes No Date: _____

Confirmed? (*circle one*) Yes No Denomination? _____

Current Membership Status: Denomination? _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Co-Applicant's Full Name: _____

Address: _____

Cell#: _____ Email: _____

Marital Status: Single ____ Widowed ____ Divorced ____ Number of this marriage: ____

Religious History: Baptized? (*circle one*) Yes No Date: _____

Confirmed? (*circle one*) Yes No Denomination? _____

Current Membership Status: Denomination? _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Wedding Ceremony

Holy Communion? Yes _____ No _____ Place of Ceremony: Church _____ Chapel _____

Time of Rehearsal: Date _____ Time _____

Reception in Parish Hall? *(Church Members only)* Yes _____ No _____

Music for the ceremony:

(Circle Yes or No for each)

Organist? Yes No Soloist? Yes No

Are there any unusual family circumstances of which the priest should be aware (i.e. wheelchair, physical needs, etc.) ? _____

Officiating Priest: _____