

APPLICATION FOR CELEBRATION OF MARRIAGE

Bride's Last Name: _____ Groom's Last Name: _____

Wedding Date: _____ Time: _____ Rehearsal Date: _____ Time: _____

Place: Church _____ Chapel _____

Dressing area needed for: Bride/Bridesmaids: yes _____ (Arr. Time) no

Groom/Groomsman: yes _____ (Arr. Time) no

Note: Please PRINT names as you wish them to appear on all documents

Bride's Full Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Date of Birth: _____ City/State of Birth: _____

Religious Affiliation: _____

Names & ages of any children: _____

If previously married:

Former Spouse: _____

Divorced _____ Widowed _____

Maiden Name: _____

Parents Names: _____

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Groom's Full Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Date of Birth: _____ City/State of Birth: _____

Religious Affiliation: _____

Names & ages of any children: _____

If previously married:

Former Spouse: _____

Divorced _____ Widowed _____

Parents Names: _____