St. Mark's Episcopal Church

Wedding Application

Date of Application_____proposed date of wedding_____proposed time_____

Bride's Information

Full Name_____Date of Birth_____Age_____

Address_____City_____State_____Zip_____

Home Phone_____Work Phone_____Cell Phone_____

E-mail Address_____High School_____

College/University_____Major_____

Present Occupation_____How Long?_____

Previous Occupation_____How Long?_____

__Unmarried __widow __divorced number of this marriage_____

Church Affiliation_____Date of Baptism_____

Church you attend now_____Date of Confirmation_____

Father's Name_____Phone_____

Address_____City_____State_____Zip_____

Occupation_____Marital Status_____

Mother's Name_____Phone_____

Address_____City_____State_____Zip_____

Occupation_____Marital Status_____

Parent's Church Affiliation: Father_____Mother_____

Groom's Information

Full Name_____Date of Birth_____Age_____

Address_____City_____State_____Zip_____

Home Phone_____Work Phone_____Cell Phone_____

E-mail Address_____High School_____

College/University_____Major_____

Present Occupation_____How Long?_____

Previous Occupation_____How Long?_____

__Unmarried __widow __divorced number of this marriage_____

Church Affiliation_____Date of Baptism_____

Church you attend now_____Date of Confirmation_____

Father's Name_____Phone_____

Address_____City_____State_____Zip_____

Occupation_____Marital Status_____

Mother's Name_____Phone_____

Address_____City_____State_____Zip_____

Occupation_____Marital Status_____

Parent's Church Affiliation: Father_____Mother_____

General Information

How long have you known each other?_____

Are you living together?_____How Long?_____

Are your families supportive of your marriage? Bride_____Groom_____

Why do you wish to be married in the Episcopal Church?_____

_____

_____

What is your connection to St. Mark's Episcopal Church?_____

_____

Are interested in becoming active members of St.Mark's?_____

Address after marriage_____City_____State_____Zip_____

Other information or comments_____

_____

We, the undersigned, understand that this is only an application for matrimony and that approval is at the discretion of the Rector of this association. Final approval will be given after the first meeting with the priest.

_____ _____

Bride Groom

Please mail completed application to:

St. Mark's Episcopal Church
1014 E. Altadena Dr.
Altadena, CA 91001

Please mark the envelope: Wedding Application

For Office Use only

Name_____Date application received_____

Wedding Date_____Time_____

Reviewed by_____Date_____

Disposition_____

Initial review_____Time_____

2nd appointment_____Time_____

3rd appointment_____Time_____

Rehearsal_____Time_____

___Fee received ___License received

Special Notes_____

_____

Remarriage Cases only:

__certified papers received from applicant __petition mailed to Bishop

__permission granted by Bishop __postcard returned to Bishop's office

Notes_____

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