

WEDDING APPLICATION



**CALVARY EPISCOPAL
C H U R C H**
Reach out. Receive. Rejoice.

Application Date_____

Desired Wedding Date & Time_____

Desired Rehearsal Date & Time_____

PERSONAL INFORMATION – PERSON 1

Full Name_____

Address_____

Telephone (H)_____ (W)_____

Email Address_____

Occupation_____

Never Married ___ Widowed ___ Divorced ___
If divorced, number of previous marriages_____

Baptized_____ Church Information_____

Confirmed_____ Church Information_____

Communicant_____ Church Information_____

Age_____ Date of Birth_____

	Living	Divorced	Remarried
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Father's Name_____

Mother's Name_____

Mother's Maiden Name_____

Parents Residence_____



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WEDDING APPLICATION

PERSONAL INFORMATION – PERSON 2

Full Name _____

Address _____

Telephone (H) _____ (W) _____

Email Address _____

Occupation _____

Never Married ____ Widowed ____ Divorced ____
If divorced, number of previous marriages _____

Baptized _____ Church Information _____

Confirmed _____ Church Information _____

Communicant _____ Church Information _____

Age _____ Date of Birth _____

Living Divorced Remarried

Father's Name _____

Mother's Name _____

Mother's Maiden Name _____

Parents Residence _____