



**SAINT JOHN'S CATHEDRAL**

**APPLICATION FOR MARRIAGE**

Date and Time of the Rehearsal

Date and Time of the Ceremony

Preparation for Marriage

Premarital counseling with SJC priest \_\_\_\_\_

Letter from another Episcopal parish \_\_\_\_\_

Officiant of the Ceremony

Location of the Ceremony (cathedral, chapel, other)

Full Name of Partner One (include middle name)

Address

Email Address

Phone Number

Marital Status – single, widowed, divorced (if divorced, include number of previous marriages)

Date of Birth

Age on Wedding Day

Place of Birth

Occupation

Have you been baptized?

Have you been confirmed?

Are you a registered member of Saint John's?

Full Name of Parent One

Religious Affiliation of Parent One

Full Name of Parent Two

Religious Affiliation of Parent Two

Are you or your parents members at another Episcopal church in the Diocese of Colorado? If so, where?

Full Name of Partner One (include middle name)

Address

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Phone Number

Marital Status – single, widowed, divorced (if divorced, include number of previous marriages)

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Religious Affiliation of Parent One

Full Name of Parent Two

Religious Affiliation of Parent Two

Are you or your parents members at another Episcopal church in the Diocese of Colorado? If so, where?