



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)
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Address

Email Address	Phone Number
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Marital Status – single, widowed, divorced (if divorced, include number of previous marriages)
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Date of Birth	Age on Wedding Day	Place of Birth
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Occupation

Have you been baptized?	Have you been confirmed?	Are you a registered member of Saint John's?
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Full Name of Parent One	Religious Affiliation of Parent One
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Full Name of Parent Two	Religious Affiliation of Parent Two
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Are you or your parents members at another Episcopal church in the Diocese of Colorado? If so, where?

By signing this Application for Marriage, we agree to abide by all policies set forth in the Saint John's Cathedral, The Celebration of Marriage Policy and Information booklet.

Signature of Partner One

Date

Signature of Partner Two

Date