

# ***HOLY MATRIMONY***

Application for Marriage: Grace Episcopal Church 128 West Passaic Ave., Rutherford, NJ 07070 201-438-8623

## **Names**

**Bride:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** Home \_\_\_\_\_ Cell \_\_\_\_\_

Office \_\_\_\_\_

Email: \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **B/C/C?**

**Number of this marriage:** \_\_\_\_\_

**Father's full name:** \_\_\_\_\_ **Hometown** \_\_\_\_\_

**Mother's maiden name:** \_\_\_\_\_ **Hometown** \_\_\_\_\_

**Groom:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** Home \_\_\_\_\_ Cell \_\_\_\_\_

Office \_\_\_\_\_

Email: \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **B/C/C?**

**Number of this marriage:** \_\_\_\_\_

**Father's full name:** \_\_\_\_\_ **Hometown** \_\_\_\_\_

**Mother's maiden name:** \_\_\_\_\_ **Hometown** \_\_\_\_\_

For office use only

**Initial contact:** \_\_\_\_\_

**Date of marriage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of rehearsal:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Organist Contacted**     **Clergy Contacted**     **Initial Session**     **Counseling**

**Bishop's Permission Requested**     **Bishop's Permission Received**