

Holy Matrimony Information Sheet

EMMANUEL EPISCOPAL CHURCH
PO Box 875
101 North Cross Street
Chestertown, MD 21620
410-778-3477

Date of application _____

Groom Information

Groom's full name _____

Residence _____

Occupation _____

Telephones: (H) _____ (W) _____ (Cell) _____

e-mail address: _____

Unmarried? _____ Widower? _____

Divorced? _____ No. of this marriage? _____

Baptized? _____yes _____no Denomination? _____

Confirmed? _____yes _____no Denomination? _____

Communicant? _____yes _____no Denomination? _____

Age? _____ Date of Birth? _____

Place of Birth? City _____ State _____

Father's Full Name? _____

Father's Residence? _____

Mother's Full Name? _____

Mother's Maiden Name? _____

Mother's Residence? _____

Bride's Information

Bride's full name _____

Residence _____

Occupation _____

Telephones: (H) _____ (W) _____ (Cell) _____

e-mail address: _____

Unmarried? ____ Widower? ____ Divorced ____ No. of this marriage? ____

Baptized? ____yes ____no Denomination? _____

Confirmed? ____yes ____no Denomination? _____

Communicant? ____yes ____no Denomination? _____

Age? _____ Date of Birth? _____

Place of Birth? City _____ State _____

Father's Full Name? _____

Father's Residence? _____

Mother's Full Name? _____

Mother's Maiden Name? _____

Mother's Residence? _____

Other Information

Proposed Date of Ceremony _____

Proposed place of ceremony _____

Holy Communion? _____ Organist? _____

Rehearsal? _____ Date? _____

Witnesses? 1. _____

(at least two) 2. _____

3. _____

4. _____

Wedding party (please provide any information you can regarding the number of people in the wedding party and names, if available at this time):

Are you using a wedding planner, if so, please provide contact information:

Permanent address after marriage: _____
