

Holy Matrimony

Date of Application_____

Date & Time of Wedding_____

Date & Time of Rehearsal_____

Full Name _____

Home Address _____

City

State

Zip

Telephone _____

Email_____

single

widower

Number of previous marriages_____

baptized

Date (if known)_____

In what denomination: _____

confirmed

Date (if known)_____

In what denomination: _____

Communicant (Church) _____

Age: _____

Date of Birth: _____

Place of Birth: _____

City

State

Zip

Father's full name: _____

Mother's full name: _____

Full Name _____

Home Address _____

City

State

Zip

Telephone: _____

Email_____

single

widower

Number of previous marriages_____

baptized

date (if known)_____

In what denomination: _____

confirmed

date (if known)_____

In what denomination: _____

Communicant (Church) _____

Age: _____

Date of Birth: _____

Place of Birth: _____

City

State

Zip

Father's full name: _____

Mother's full name: _____

We will require the services of:

St. James Minister

All music comes under the authority of Dr. James Lorenz, Organist at St. James Episcopal Church

Special considerations: _____

Pre-marital counseling is required for all marriages performed at St. James Episcopal Church

Please return this form and \$500 deposit to: St. James Episcopal Church, 2 St. James Place,
Woodstock, VT 05091