



The Episcopal Church of the
Holy Cross

Application for Marriage
at Holy Cross
Episcopal Church

Date of application _____

GROOM Full Legal Name _____

Current Residence _____

Home Phone _____ Work Phone _____

Cell # _____ E-mail address _____

Age _____ Date of Birth _____ Place of Birth _____

Batchelor _____ Divorced _____ Widowed _____ Number of this marriage _____

Baptized? _____ Year _____ In What Religious Denomination? _____

Father's Full Name _____

Mother's Maiden Name _____

Parents' Residence _____

BRIDE Full Legal Name _____

Current Residence _____

Home Phone _____ Work Phone _____

Cell # _____ E-mail address _____

Age _____ Date of Birth _____ Place of Birth _____

Maiden _____ Divorced _____ Widowed _____ Number of this marriage _____

If Widowed/Divorced give Maiden name _____

Baptized? _____ Year? _____ In What Religious Denomination? _____

Father's Full Name _____

Mother's Maiden Name _____

Parents' Residence _____

License Number _____ County, State where issued: _____

Date/Time of Ceremony _____ Location of Ceremony: _____

Holy Communion? _____ Organist: _____

Rehearsal Date/Time _____ Florist: _____

Witnesses: _____

Permanent address after marriage _____

Officiant _____