



SAINT MARK'S

HOLY MATRIMONY

Date of Application: _____ Date of Service: _____ Time: _____ Location: _____

Date of Rehearsal: _____ Time: _____ Number in Party: _____ Officiant: _____

First member of the Couple's Full Name: _____

Address: _____ Religious affiliation: _____

_____ Baptized: _____ Confirmed: _____

Date of birth: _____ Previous marriages? _____ Date of final divorce decree (s) : _____

Telephone: _____ E-Mail: _____

Father: _____ Mother: _____

Second Member of the Couple's Full Name: _____

Address: _____ Religious affiliation: _____

_____ Baptized: _____ Confirmed: _____

Date of birth: _____ Previous marriages? _____ Date of final divorce decree (s) : _____

Telephone: _____ E-Mail: _____

Father: _____ Mother: _____

For Office Use

Holy Eucharist? _____ Readings: _____

Organist: _____ Fee: _____ Soloist? _____ Fee: _____

Hymns: _____ Other Music: _____

Order of Service: _____ Flowers: _____ Altar Guild _____

Flower Guild: _____ Wedding Consultant: _____ Front Door: _____