

APPLICATION FOR MARRIAGE

Date of Application: _____

PLEASE PRINT OR TYPE ALL INFORMATION

Marriage Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

7701 E. M-36 / PO BOX 490
Hamburg, MI 48139
(810) 231-1033
stpaul@stpaulhamburg.com

GROOM

BRIDE

Last Name First Middle

Last Name First Middle

Address (Street and Number)

Address (Street and Number)

City State Zip

City State Zip

Home Phone Work Phone

Home Phone Work Phone

Cell Phone

Cell Phone

E-mail Address (Home or Work)

E-mail Address (Home or Work)

Birth date Age

Birth date Age

Occupation Place of Employment

Occupation Place of Employment

Previously Married: ___ Yes ___ No

Previously Married: ___ Yes ___ No

Names/Ages of Children (if applicable)

Names/Ages of Children (if applicable)

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-

-

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Church Membership: St. Paul ___ Yes ___ No

Church Membership: St. Paul ___ Yes ___ No

Other: _____
(Name of Church, City, State)

Other: _____
(Name of Church, City, State)

Baptized: ___ Yes ___ No

Baptized: ___ Yes ___ No

How long have you known your fiancée?

How long have you known your fiancée?

Current Living Arrangement:
___ Alone ___ w/Parents ___ w/Partner

Current Living Arrangement:
___ Alone ___ w/Parents ___ w/Partner

Address After Marriage

Address City State Zip Phone

GROOM

BRIDE

Father's Name

Father's Name

Mother's Name

Mother's Name

Parents Marital Status (Circle One) **S M W D Sep**

Parents Marital Status (Circle One) **S M W D Sep**

Stepfather's Name (If applicable)

Stepfather's Name (If applicable)

Stepmother's Name (If applicable)

Stepmother's Name (If applicable)

Number of Brothers _____ Sisters _____

Number of Brothers _____ Sisters _____

Highest Level of Education Completed

Highest Level of Education Completed

WEDDING SERVICE

Number of Guests anticipated at Church: _____

Attendants: **PLEASE USE FULL GIVEN NAMES – not nicknames**

Best Man: _____
Full Name of Witness Signing Marriage Certificate if different than above: _____

Maid of Honor: _____
Full Name of Witness Signing Marriage Certificate if different than above: _____

Address (Street and Number)

Address (Street and Number)

City State Zip

City State Zip

Groomsmen: _____
(List in Order) _____

Bridesmaids: _____
(List in Order) _____

Number of Grandparents Attending: _____
Ringbearer: _____ Age: _____
Ushers (if other than Groomsmen): _____

Number of Grandparents Attending: _____
Flower Girl: _____ Age: _____

Name of Florist: _____

Office Use: Unity Candle: _____ Candelabra: _____ Runner: _____ Printed Bulletin: _____ Bulletin Cover style: _____ Organist: _____ Music Chosen: _____ Soloist: _____ Notes: _____
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