

All Saints' Chapel & St. Augustine's Chapel
Holy Matrimony Form

Date of Application: _____

Applicant 1 Full Name

Current Address

Home Telephone Number

Cell Phone Number

Occupation

Are You: **Single /Widowed /Divorced?** _____

This marriage is your marriage (first, second etc.)? _____

Have you been baptized? _____ In what denomination? _____

Have you been confirmed? _____ In what denomination? _____

Communicant? _____ In what denomination? _____

Date of birth

City of birth

State

Parent's Names

Applicant 2 Full Name

Current Address

Home Telephone Number

Cell Phone Number

Occupation

Are You: **Single/Widowed /Divorced?** _____

This marriage is your marriage (first, second etc.)? _____

Have you been baptized? _____ In what denomination? _____

Have you been confirmed? _____ In what denomination? _____

Communicant? _____ In what denomination? _____

Date of birth

City of birth

State

Parent's Names

Permanent address after marriage:

Address

City

State, Zip

License Number: _____ County where it was Issued: _____

Date of Ceremony: _____ Hour: _____