

Wedding Application

Party A _____

Residence _____

Telephone _____ E-Mail _____

Occupation _____

Single ___ Widowed ___ Divorced ___ Number of this Marriage _____

Baptized _____ Denomination _____

Confirmed _____ Denomination _____

Are you a member of a church at this time? Yes _____ No _____

If Yes, Please provide Name of Church, Denomination, and Address:

Communicant _____ Church _____

Date of Birth: _____ Place of Birth _____

Father's Full Name _____

Mother's Maiden Name _____

Party B _____

Residence _____

Telephone _____ E-Mail _____

Occupation _____

Single ___ Widowed ___ Divorced ___ Number of this Marriage _____

Baptized _____ Denomination _____

Confirmed _____ Denomination _____

Are you a member of a church at this time? Yes _____ No _____

If Yes, Please provide Name of Church, Denomination, and Address:

Communicant _____ Church _____

Date of Birth: _____ Place of Birth _____

Father's Full Name _____

Mother's Maiden Name _____

Please complete and return to: Grace Episcopal Church, 130 First Avenue, Nyack, New York 10960