



## Marriage Application

Please complete this form and return it to St. Andrew's Episcopal Church, 335 Longmeadow Street, Longmeadow, MA 01106.

Today's Date: \_\_\_\_\_

Tentative Rehearsal Date and Time: \_\_\_\_\_

Tentative Ceremony Date and Time\*: \_\_\_\_\_

*The ceremony date remains tentative until the Rector approves the date and it is on the parish calendar.*

Is the couple or a family member a member of St. Andrew's Church?

Yes  No

**Name of Person A:**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a baptized Christian? Yes or No

If previously married, please give the date and proof when the divorce was finalized:

Do you have any dependent children from a previous marriage? Yes No

**Name of Person B:**

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a baptized Christian? Yes or No

If previously married, please give the date and proof when the divorce was finalized:

Do you have any dependent children from a previous marriage? Yes No

**Contact Person:** *(if different than above)*

\_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address:

\_\_\_\_\_

**Please tell us how you heard about St. Andrew's Church:**

\_\_\_\_\_