

APPLICATION FOR HOLY MATRIMONY

St. Stephen's Episcopal Church, Coconut Grove, Florida, 33133

Couple's names before marriage

Last name _____, First name _____

Last name _____, First name _____

Full names after marriage _____

Remarriage: Yes Application for Remarriage completed on (date) _____
 No

Requested Date of Wedding _____ Time _____*

* TIME NOTE: This is a very important day for the happy couple, but the clergy does have other parishioners and responsibilities. The ceremony is scheduled at a specific time. If any member of the wedding party is not on time, the priest may be forced to cancel or reschedule the wedding ceremony.

We will be using: Side Chapel (25 people or less)
 Sanctuary (25 people or more)

Holy Communion: Yes No

Reception: Place _____ Time: _____

Name called by	Name called by
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Baptized <input type="checkbox"/> yes <input type="checkbox"/> no	Baptized <input type="checkbox"/> yes <input type="checkbox"/> no
Confirmed <input type="checkbox"/> yes <input type="checkbox"/> no	Confirmed <input type="checkbox"/> yes <input type="checkbox"/> no
Communicant <input type="checkbox"/> yes <input type="checkbox"/> no	Communicant <input type="checkbox"/> yes <input type="checkbox"/> no
Church affiliation	Church affiliation
Address	Address
Phone: Home	Phone: Home
Office	Office
Father's Full Name	Father's Full Name
Mother's Full Name	Mother's Full Name
Witness	Witness

We will use the following services:

- Chapel (25 or fewer)
- Church (26 or more)
- Parking (10 cars or more)
- Organist/Choirmaster
- Officiant/Clergy

Fee: \$2200

- Reception

Total fees \$ _____

Enclosed is our check for \$ _____ (50% of total fees) as deposit and securing of the date, with the understanding that the balance must be paid 30 days before the wedding.

Or:

Please charge my credit card for \$ _____ (50% of total fees) as deposit and securing of the date, with the understanding that the balance must be paid 30 days before the wedding.

Name on card: _____

Card type: Visa MasterCard American Express

Card No. _____ Exp. Date: _____

Signature _____

I have read and agree with the Wedding Policies and Procedures:

Signature

Signature

Print

Print

For office use only:

Officiant _____

Date of Wedding _____ Time _____

Date of Rehearsal _____ Time _____



This **DECLARATION OF INTENT** is signed by **BOTH** Partners of the Intended Marriage

In the Name of the Father, and the Son, and the Holy Spirit. Amen.

We,

_____ and _____,

desiring to receive the blessing of Holy Matrimony in the Church, do solemnly declare that we hold marriage to be a lifelong union of two persons as is set forth in the Book of Common Prayer. “We believe that the union of two people in heart, body and mind is intended by God for their mutual joy; for the help and comfort given one another in prosperity and adversity; and, when it is God’s will, for the nurturing of children in the knowledge and love of the Lord. And we do engage ourselves, so far as in us lies, to make our utmost effort to establish this relationship and to seek God’s help thereto.”

Signature

Signature

Date _____

Date _____