Holy Matrimony Application

W

St. Andrew's Episcopal Church
505 North Pennsylvania Ave.
Roswell, NM 88201

Date of Application: _____

Groom's full name: _____

Address of current residence: _____

Phone Number _____ Email: _____

Baptized? Y N What denomination? _____

Confirmed Y N What denomination? _____

Name of church you presently attend: _____

Age: _____ Date and place of birth: _____

Father's full name: _____

Mother's name: _____

Is this your first marriage (second, third)? _____

Date(s) of previous marriage(s): _____

Date(s) of divorce decree(s): _____

Bride's full name: _____

Address of current residence: _____

Phone Number _____ Email: _____

Baptized? Y N What denomination? _____

Confirmed Y N What denomination? _____

Name of church you presently attend: _____

Age: _____ Date and place of birth: _____

Father's full name: _____

Mother's name: _____

Is this your first marriage (second, third)? _____

Date(s) of previous marriage(s): _____

Date(s) of divorce decree(s): _____

Date of marriage ceremony: _____ Hour: _____

Permanent address after wedding: _____