

ST. EDMUND'S EPISCOPAL CHURCH  
1175 San Gabriel Blvd., San Marino, CA 91108 (626) 793-9167  
**WEDDING APPLICATION**

Date of Application: \_\_\_\_\_

Proposed Date of Wedding: \_\_\_\_\_ Proposed Time: \_\_\_\_\_

**BRIDE'S INFORMATION**

Bride's full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

High School(s) Attended: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Unmarried: \_\_\_\_\_ Widow: \_\_\_\_\_ Divorced: \_\_\_\_\_ Number of this marriage: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Church you now attend: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Residence: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Residence: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent's Church Affiliation:(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Other Information about the Bride or her family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROOM'S INFORMATION**

Groom's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

High School(s) Attended: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Unmarried: \_\_\_\_\_ Widower: \_\_\_\_\_ Divorced: \_\_\_\_\_ Number of this Marriage? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church you now attend: \_\_\_\_\_ Date of confirmation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Residence: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Residence: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent's Church Affiliation: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Other Information about the Groom or his Family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

How long have you known each other?: \_\_\_\_\_

Are you living together?: \_\_\_\_\_ How Long?: \_\_\_\_\_

Are your families supportive of your marriage?: (Bride's) \_\_\_\_\_ (Groom's) \_\_\_\_\_

Why do you wish to be married in the Episcopal Church?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your connection with St. Edmund's?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in becoming active members of St. Edmund's?: \_\_\_\_\_

Address after Marriage: \_\_\_\_\_

Other information or comments?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*We the undersigned understand that this is only an application for matrimony and that approval is at the discretion of the Rector. Final approval will be given after the first meeting with the priest.*

Signed \_\_\_\_\_ (Bride)

\_\_\_\_\_ (Groom)