

# **APPLICATION FOR WEDDING**

Please return this completed form to the Parish Office as soon as possible.

## **St. James' Episcopal Church**

214 Washington Street  
Hackettstown, NJ 07840  
908-852-3968

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

Date of Wedding: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Church Membership – Where: \_\_\_\_\_

Bachelor \_\_\_\_\_ Divorced: \_\_\_\_\_ Widower: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Parents: Father's Name in Full: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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

Church Membership – Where: \_\_\_\_\_

Maiden \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Parents: Father's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Dates of Consultation: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Name

Address

\_\_\_\_\_

Name

Address

Number of People expected at wedding: \_\_\_\_\_