

Holy Communion _____ If yes: Bride & Groom only _____

Bride, Groom & Guests _____

Organist _____ Soloist _____

Double or Single Ring Ceremony: _____

Witnesses: 1. _____

2. _____

List Addresses for Witnesses: _____

Officiant: _____

Other Information: _____

Permanent Address After Marriage: _____

WEDDING APPLICATION

CHRIST EPISCOPAL CHURCH

P.O. BOX 180755

CORONADO, CA 92178-0755

PHONE: (619) 435-4561

e-mail: christchurch@ccds.org

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

Application Date: _____

Groom's Full Name: _____

Residence: _____

Phone: [H] _____ [W] _____

Occupation: _____

Bachelor or Widower: _____ Number of this Marriage: _____

If Applicable: Date of Previous Marriage _____

Date of Divorce _____

Baptized (date and church) _____

Confirmed (date and church) _____

Communicant _____ Denomination: _____

Age: _____ Date of Birth: _____

Place of Birth: City _____ State _____

Father's Name: _____

Mother's Maiden Name: _____

Parent's Residence: _____

Bride's Full Name: _____

Residence: _____

Phone: [H] _____ [W] _____

Occupation: _____

Single or Widow: _____ Number of this Marriage _____

Widow, Give Maiden Name: _____

If Applicable: Date of Previous Marriage _____

Date of Divorce _____

Baptized (date and church) _____

Confirmed (date and church) _____

Communicant _____ Denomination: _____

Age: _____ Date of Birth: _____

Place of Birth: City _____ State _____

Father's Name: _____

Mother's Maiden Name: _____

Parent's Residence: _____

Miscellaneous Information

Date of Rehearsal: _____ Time: _____

Date of Service: _____ Time: _____

Place of Service: Church _____ Chapel _____ Residence _____