



331 Orchard Street
 Rocky Hill, CT 06067
 (860) 529-7622
 office@thechurchofstandrew.org

DATE OF APPLICATION: _____

PROPOSED WEDDING DATE: _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

PROPOSED PLACE of WEDDING: _____

PROPOSED PRIEST or OFFICIANT: _____

EXPECTED # in WEDDING PARTY (not guests): _____

Witnesses (Usually members of wedding party): _____

PARENTS OF COUPLE GETTING MARRIED:

HOLY COMMUNION as part of your WEDDING:

ADDITIONAL features of your wedding - readers, singers, dancers, etc. - that it would be helpful to know for planning:

WHY would you like for your wedding to be celebrated through ST. ANDREW's?

We understand that pre-marital counseling and/or instruction is required by Canon Law.

Has either one (or both) applicants ever been married before?

Name: _____ Signature: _____

Name: _____ Signature: _____

(Most of the following information is required for the Church Record Books.)



BRIDE'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

STREET ADDRESS: _____

MAILING ADDRESS (*If different*): _____

TELEPHONE: _____ EMAIL: _____

BAPTIZED? _____ CHURCH: _____

CURRENT RELIGIOUS BACKGROUND: _____

(If applicable):

If married previously, widowed or divorced: _____ Year: _____

Name of previous spouse: _____ How many years? _____

Are there any children from previous marriage? _____ Their age(s): _____

If divorced, reason for the separation? _____

GROOM'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

STREET ADDRESS: _____

MAILING ADDRESS (*If different*): _____

TELEPHONE: _____ EMAIL: _____

BAPTIZED? _____ CHURCH: _____

CURRENT RELIGIOUS BACKGROUND: _____

(If applicable):

If married previously, widowed or divorced: _____ Year: _____

Name of previous spouse: _____ How many years? _____

Are there any children from previous marriage? _____ Their age(s): _____

If divorced, reason for the separation? _____