



**SAINT MATTHEW'S EPISCOPAL CHURCH**

GROWING AS GOD'S FAMILY

# WEDDING APPLICATION

**PLEASE PRINT**

BRIDE'S LAST NAME & GROOM'S LAST NAME <p style="text-align: center;"><b>&amp;</b></p>	REHEARSAL DATE AND TIME	WEDDING DATE & TIME
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## BRIDE

FULL NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS:

SINGLE  DIVORCED  WIDOWED  ANNULLED

CHURCH AFFILIATION: \_\_\_\_\_

BAPTIZED:  YES  NO      CONFIRMED:  YES  NO

IN WHAT DENOMINATION: \_\_\_\_\_

COMMUNICANT (GIVER OF RECORD AND RECEIVER OF COMMUNION AT LEAST

THREE TIMES A YEAR IN AN EPISCOPAL CHURCH):  YES  NO

COMMUNICANT MEMBER IN GOOD STANDING AT SAINT

MATTHEW'S:  YES  NO

DO YOU PLEDGE?  YES  NO

NATURAL MOTHER'S FULL NAME: \_\_\_\_\_

NATURAL FATHER'S FULL NAME: \_\_\_\_\_

STEP-MOTHER'S FULL NAME: \_\_\_\_\_

STEP-FATHER'S FULL NAME: \_\_\_\_\_

## GROOM

FULL NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS:

SINGLE  DIVORCED  WIDOWED  ANNULLED

CHURCH AFFILIATION: \_\_\_\_\_

BAPTIZED:  YES  NO      CONFIRMED:  YES  NO

IN WHAT DENOMINATION: \_\_\_\_\_

COMMUNICANT (GIVER OF RECORD AND RECEIVER OF COMMUNION AT LEAST

THREE TIMES A YEAR IN AN EPISCOPAL CHURCH):  YES  NO

COMMUNICANT MEMBER IN GOOD STANDING AT SAINT

MATTHEW'S:  YES  NO

DO YOU PLEDGE?  YES  NO

NATURAL MOTHER'S FULL NAME: \_\_\_\_\_

NATURAL FATHER'S FULL NAME: \_\_\_\_\_

STEP-MOTHER'S FULL NAME: \_\_\_\_\_

STEP-FATHER'S FULL NAME: \_\_\_\_\_

## THE MARRIAGE SERVICE

OFFICIATING PRIEST: \_\_\_\_\_

HOLY EUCHARIST:  YES  NO IF YES, FOR HOW MANY: \_\_\_\_\_

HOW MANY GUESTS ARE INVITED? \_\_\_\_\_

CANDELABRA:  YES  NO

PEW TORCHES:  YES  NO

BIBLE READINGS

OLD TESTAMENT: \_\_\_\_\_

NEW TESTAMENT: \_\_\_\_\_

GOSPEL: \_\_\_\_\_

THE WEDDING PARTY (Please indicate the names of each member of the wedding party. A separate sheet may be attached.)

MAID AND/OR MATRON OF HONOR: \_\_\_\_\_

BRIDESMAIDS: \_\_\_\_\_

JUNIOR BRIDESMAIDS: \_\_\_\_\_

FLOWER GIRLS: \_\_\_\_\_

BEST MAN: \_\_\_\_\_

GROOMSMEN: \_\_\_\_\_

USHERS: \_\_\_\_\_

RING BEARERS: \_\_\_\_\_

LAYREADERS: \_\_\_\_\_

OTHERS: \_\_\_\_\_

NAME OF THE PERSON GIVING THE BRIDE AWAY: \_\_\_\_\_ RELATIONSHIP TO BRIDE: \_\_\_\_\_

**NOTE:** Before asking a clergy person who is not on the staff of Saint Matthew's to officiate, you must meet with the Rector who may then invite other clergy persons to participate in your ceremony.

**FLORIST INFORMATION**

FLORIST NAME: \_\_\_\_\_ FLORIST PHONE: \_\_\_\_\_

NUMBER OF ARRANGEMENTS TO BE DELIVERED: \_\_\_\_\_ TIME OF DELIVERY: \_\_\_\_\_

#ARRANGEMENTS: \_\_\_\_\_ #BOUQUETS: \_\_\_\_\_ #BOUTONNIERES: \_\_\_\_\_ #CORSAGES: \_\_\_\_\_

NOTE: The altar flowers will remain in the sanctuary after the ceremony for Sunday morning worship services.

**MUSIC INFORMATION**

ORGANIST (Edgar Cook):  YES  NO Other soloists and/or instrumentalists must be arranged in consultation with Mr. Cook.

SOLOISTS OR INSTRUMENTALISTS: \_\_\_\_\_

**PHOTOGRAPHY INFORMATION**

PHOTOGRAPHER NAME AND PHONE NUMBER: \_\_\_\_\_

VIDEOGRAPHER NAME AND PHONE NUMBER: \_\_\_\_\_

NUMBER OF PEWS TO BE RESERVED FOR THE BRIDE'S FAMILY: \_\_\_\_\_ FOR THE GROOM'S FAMILY: \_\_\_\_\_

WILL THE BRIDAL PARTY DRESS AT THE CHURCH?      WOMEN:  YES  NO      MEN:  YES  NO

TO WHOM SHOULD CORRESPONDENCE AND QUESTIONS BE DIRECTED (IF DIFFERENT FROM THE BRIDE?)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BRIDE/GROOM COMPLETE ADDRESS AFTER MARRIAGE: \_\_\_\_\_

HOME PHONE AFTER MARRIAGE: \_\_\_\_\_

EMAIL ADDRESS(ES) AFTER MARRIAGE: \_\_\_\_\_

WILL BRIDE ASSUME GROOM'S NAME AFTER MARRIAGE?  YES  NO

## WEDDING FEES

DEPOSIT (REQUIRED)	\$500	(Conditionally refundable)
ALTAR GUILD (REQUIRED)	\$200	
ORGANIST (Edgar Cook - REQUIRED)	\$125	(Please pay directly to Mr. Cook)
SOLOISTS (Arranged by Edgar Cook)	\$75 each	(Please pay directly to soloists)
OFFICIATING PRIEST HONORARIUM	\$200	

A (REFUNDABLE/DEDUCTIBLE) DEPOSIT OF \$500 IS DUE WHEN THE WEDDING IS BOOKED.

ALL FEES MUST BE PAID IN FULL TWO WEEKS PRIOR TO THE WEDDING.

IT IS THE RESPONSIBILITY OF THE COUPLE TO OBTAIN A VALID MARRIAGE LICENSE.

THE MARRIAGE LICENSE MUST BE DELIVERED TO THE PARISH OFFICE AT LEAST ONE WEEK PRIOR TO THE WEDDING.

We have read the Saint Matthew's Wedding Booklet and understand the policies completely regarding weddings at Saint Matthew's Episcopal Church. By signing this form, we agree to comply with the Canons of the Episcopal Church, and the policies of Saint Matthew's. We recognize that failure to do so may result in the cancellation of our wedding at Saint Matthew's Episcopal Church and/or the loss of our deposit.

BRIDE: \_\_\_\_\_ DATE: \_\_\_\_\_ GROOM: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ WEDDING & REHEARSAL DATES CONFIRMED ON CALENDAR: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_ DEPOSIT AMOUNT: \_\_\_\_\_ DEPOSIT DATE: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_ DATE PAID IN FULL: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

DATE ALTAR GUILD NOTIFIED: \_\_\_\_\_

DATE ORGANIST NOTIFIED: \_\_\_\_\_

BISHOP'S PERMISSION NEEDED:  YES  NO

DATE REQUEST SENT: \_\_\_\_\_ DATE PERMISSION RECEIVED: \_\_\_\_\_ DATE LETTER RETURNED: \_\_\_\_\_

DATE MARRIAGE LICENSE RECEIVED: \_\_\_\_\_

DATE MARRIAGE LICENSE MAILED: \_\_\_\_\_