



ST. PAUL'S MEMORIAL CHURCH

1700 UNIVERSITY AVENUE
CHARLOTTESVILLE, VIRGINIA 22903
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APPLICATION TO BE MARRIED AT ST. PAUL'S

REQUESTED DATE AND TIME OF WEDDING: _____

REQUESTED DATE AND TIME OF REHEARSAL: _____

FULL NAME OF BRIDE OR GROOM: _____

ADDRESS: _____

PHONE NUMBER(S): HOME _____ CELL _____

EMAIL ADDRESS: _____

WHAT CHURCH ARE YOU A MEMBER OF? _____

WHAT CHURCH ARE YOU CURRENTLY ATTENDING? _____

ARE YOU BAPTIZED? (YES OR NO) _____ IF YES, DATE AND LOCATION: _____

HAVE YOU EVER BEEN MARRIED BEFORE? _____

DATE OF FINAL DIVORCE DECREE: _____

FULL NAME OF GROOM OR BRIDE: _____

ADDRESS: _____

PHONE NUMBER(S): HOME _____ CELL _____

EMAIL ADDRESS: _____

WHAT CHURCH ARE YOU A MEMBER OF? _____

WHAT CHURCH ARE YOU CURRENTLY ATTENDING? _____

ARE YOU BAPTIZED? (YES OR NO) _____ IF YES, DATE AND LOCATION: _____

HAVE YOU EVER BEEN MARRIED BEFORE? _____

DATE OF FINAL DIVORCE DECREE: _____

APPLICATION TO BE MARRIED

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NAME OF YOUR WEDDING PRESIDER: _____

WHY DO YOU WANT TO BE MARRIED AT ST. PAUL’S OR BY A MEMBER OF THE ST. PAUL’S CLERGY STAFF?
(USE BACK IF NECESSARY.)

WE UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT IN ANY WAY OBLIGATE THE ST. PAUL’S
CLERGY TO CONDUCT OUR WEDDING.

Signature

Signature