



Today's Date \_\_\_\_\_

## Christ Episcopal Church Wedding Application

### SPOUSE-TO-BE 1 Please complete this section:

LEGAL NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

PREFERRED NAME (for the wedding): \_\_\_\_\_

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

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

STATUS: ☐ Never Before Married ☐ Widowed ☐ Divorced Number of times Married: \_\_\_\_\_

PARENT 1 FULL NAME: \_\_\_\_\_ ☐ Living ☐ Deceased

PARENT 2 FULL NAME: \_\_\_\_\_ ☐ Living ☐ Deceased

CHURCH AFFILIATION- Please select one of the below options:

- ☐ Active member of Christ Church ☐ A member of another Episcopal Church (if yes, please list name)  
☐ Child or grandchild of a member of Christ Church ☐ No Christ Church or Episcopal affiliation

OCCUPATION:(optional) \_\_\_\_\_

### SPOUSE-TO-BE 2 Please complete this section:

LEGAL NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

PREFERRED NAME (for the wedding): \_\_\_\_\_

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

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

STATUS: ☐ Never Before Married ☐ Widowed ☐ Divorced Number of times Married: \_\_\_\_\_

PARENT 1 FULL NAME: \_\_\_\_\_ ☐ Living ☐ Deceased

PARENT 2 FULL NAME: \_\_\_\_\_ ☐ Living ☐ Deceased

CHURCH AFFILIATION- Please select one of the below options:

- ☐ Active member of Christ Church ☐ A member of another Episcopal Church (if yes, please list name)  
☐ Child or grandchild of a member of Christ Church ☐ No Christ Church or Episcopal affiliation

OCCUPATION:(optional) \_\_\_\_\_

SERVICE REQUESTED IN THE (select one): CHURCH: \_\_\_\_\_CHAPEL: \_\_\_\_\_OUTDOOR CHAPEL: \_\_\_\_\_

WOULD YOU LIKE TO INCLUDE ANY OUTSIDE CLERGY IN THE SERVICE: ☐ No ☐ Yes (please list name and email below)

DESIRED DATE OF WEDDING (mm/dd/yy): \_\_\_\_\_ DESIRED TIME OF WEDDING: \_\_\_\_\_

DESIRED DATE OF REHEARSAL(mm/dd/yy): \_\_\_\_\_ DESIRED TIME OF REHEARSAL: \_\_\_\_\_

DESIRED MUSIC: ☐ Christ Church Director of Music ☐ Third Party ☐ Both ☐ No Music

APPROXIMATE # OF GUESTS: \_\_\_\_\_ # OF ATTENDANTS: \_\_\_\_\_

CELEBRATION OF HOLY EUCHARIST AS PART OF THE SERVICE: ☐ Yes ☐ No

LIVESTREAM DESIRED: ☐ Yes ☐ No

PLEASE LIST ANY KNOWN THIRD-PARTY VENDORS HERE:

WEDDING PLANNER: \_\_\_\_\_

PHOTOGRAPHER: \_\_\_\_\_

VIDEOGRAPHER: \_\_\_\_\_

FLORIST: \_\_\_\_\_

THIRD PARTY MUSICIANS: \_\_\_\_\_

OTHER: \_\_\_\_\_

NOTES: Are there any special accommodations that we may need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read, understand and agree to abide by the Christ Church  
Guidelines for the Celebration of a Marriage.**

**Spouse-to-be 1 Signature:** \_\_\_\_\_

**Spouse-to-be 2 Signature:** \_\_\_\_\_

Once completed, please return this form by mail to:

**Director of Church Life  
Christ Episcopal Church  
PO Box 1246  
New Bern, NC 28563**

\* The wedding date will not be reserved on the church calendar until this application is approved by the clergy  
and the building use deposit (if required) is received.

OFFICE USE ONLY:

Rector Approval: \_\_\_\_\_ Date: \_\_\_\_\_ PMT Received Date: \_\_\_\_\_

Copy to: Paul \_\_\_\_\_ Suzanne \_\_\_\_\_ Jimi \_\_\_\_\_ Jackie \_\_\_\_\_ Copy emailed to wedding coordinator: \_\_\_\_\_