

Cochrane Street United Church Marriage Application

Surname Only- Groom _____ **Surname Only - Bride** _____

Date of Wedding: _____ **Time of Wedding:** _____

Date of Rehearsal: _____ **Time of Rehearsal:** _____

Location of Wedding: _____ **Clergy:** _____

Payment Date of \$100.00 Non-Refundable Deposit upon Booking: _____

For Office Use - Church Council Granted Approval _____

For Office Use Only:

Booking Date: _____

Payments: Minister _____ *Organist* _____ *Church & Administrative* _____ *Custodian* _____

Additional Organist Rehearsal Time for Soloists _____

Payment Date: _____

Marriage Licence Received _____

Church Organist Required Yes No *Organist Notified* Yes No

Notes _____

SPOUSE	Sex – (Circle)	M	F	SPOUSE	Sex - (Circle)	M	F
Surname:				Surname:			
Given Names				Given Names			
Email Addresses:				Email Addresses:			
Full Address:				Full Address:			
Address before marriage				Address before marriage			
Address after marriage				Address after marriage			
Telephone Number (s)				Telephone Number (s)			

DOB: **Age:**

DOB **Age:**

Birthplace:

Birthplace:

Occupation:

Occupation:

Never Married **Widowed** **Divorced**

Never Married **Widowed** **Divorced**

Religious Affiliation:

Religious Affiliation

Mother's Full Name:

Mother's Full Name:

Maiden Name:

Maiden Name:

Birthplace:

Birthplace:

Father's Full Name:

Father's Full Name

Birthplace:

Birthplace:

Witness Full Name:

Witness Full Name:

Full Address:

Full Address:

Special Decorations/Requests – Please inquire?

Photographer and/or Videographer?

For Minister Use only:

Date and Time of Interview:-