

ST. STEPHEN'S CHURCH
Confidential Application for Holy Matrimony

Groom

Full Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Home Phone _____

Occupation _____ Business Phone _____

Employer _____

e-mail address: _____

Father's Full Name: _____

Mother's Full Name: _____
(Include Maiden Name)

Your Current Marital Status: **Single** _____ **Engaged?** _____ *How long?* _____
Living together? _____ *How long?* _____ **Widowed?** _____ *How long?* _____
Divorced? _____ *How long?* _____ *How many times?* _____

Bride

Full Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Home Phone _____

Occupation _____ Business Phone _____

Employer _____

e-mail address: _____

Father's Full Name: _____

Mother's Full Name: _____
(Include Maiden Name)

Your Current Marital Status: **Single** _____ **Engaged?** _____ *How long?* _____
Living together? _____ *How long?* _____ **Widowed?** _____ *How long?* _____
Divorced? _____ *How long?* _____ *How many times?* _____

Date of Application: _____ Proposed Date of Marriage: _____
(wedding date must be at least 6 months after date of application)

TO BE COMPLETED BY THE BRIDE:

Your Name: _____

FAMILY INFORMATION

Information about children (if appropriate):

Name	Age	Sex	Living	Education	Parent
			Yes No		(in years)
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___

If you were raised by anyone other than your own parents, please explain.

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Have there been any deaths in your family in the last years?

Yes ___ No ___ Who and when? _____

EDUCATION:

(Last year completed) High School _____ College Degree _____

Other training (list type and years) _____

Schools attended _____

HEALTH INFORMATION:

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other ___

List all important present or past illnesses, injuries, or handicaps

Date of last medical examination _____ Report _____

Your physician _____

Are you presently taking medication? _____ If so, what? _____

Have you used drugs for other than medical purposes? Yes ___ No ___

What? _____

Have you ever had a severe emotional upset? Yes ___ No ___ Explain _____

Have you ever had counseling before? Yes ___ No ___ What was the outcome?

Do you get regular exercise? Yes ___ No ___ How often?

RELIGIOUS BACKGROUND:

Member of St. Stephen's? _____ Other? _____ How long? _____

Date baptized _____ Date confirmed _____

Average church attendance per month (circle)

0 1 2 3 4 5 6 7 8 9 10+

Church attendance per month in childhood? (circle)

0 1 2 3 4 5 6 7 8 9 10+

For the questions below, please limit your answer to the space allowed.

Do you consider yourself a religious person? Yes___ No___ Uncertain___

Do you believe in God? Yes___ No___ Uncertain___

Do you pray to God? Often___ Never___ Occasionally___

Are you a Christian? Yes___ No___ Not sure what you mean___

How long have you been a Christian? _____

How frequently do you read the Bible? Often___ Never___ Occasionally___

Do you have regular devotions? Yes___ No___

Explain recent changes in your religious life, if any

What do you think makes a Christian marriage?

What will be your involvement in the Church after your wedding?

Have you applied for marriage elsewhere? If so, where?

Have you ever been refused for marriage elsewhere?

Have you had pre-marital preparation elsewhere?

Why do you want to be married at St. Stephen's?

TO BE COMPLETED BY THE GROOM:

Your Name: _____

FAMILY INFORMATION

Information about children (if appropriate):

Name	Age	Sex	Living	Education	Parent
			Yes No	(in years)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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