All Saints’ Chapel & St. Augustine’s Chapel
Holy Matrimony Form

Date of Application: ________________________________

Applicant 1 Full Name

Current Address

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Cell Phone Number</th>
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</thead>
<tbody>
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</table>

Occupation

Are You: Single /Widowed /Divorced? ________________________________

This marriage is your marriage (first, second etc.)? ________________________________

Have you been baptized? ___________ In what denomination? ________________________________

Have you been confirmed? ___________ In what denomination? ________________________________

Communicant? ___________ In what denomination? ________________________________

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>City of birth</th>
<th>State</th>
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</tbody>
</table>

Parent’s Names

Page 1
Applicant 2 Full Name

Current Address

Home Telephone Number ___________________________ Cell Phone Number ___________________________

Occupation ___________________________

Are You: Single/Widowed/Divorced? ___________________________

This marriage is your marriage (first, second etc.)? ___________________________

Have you been baptized? __________ In what denomination? ___________________________

Have you been confirmed? __________ In what denomination? ___________________________

Communicant? __________ In what denomination? ___________________________

_________________________ ___________________________ ___________________________
Date of birth City of birth State

_________________________
Parent’s Names ___________________________

Permanent address after marriage:

_________________________ City ___________________________ State, Zip

License Number: ___________________________ County where it was Issued: ___________________________

Date of Ceremony: ___________________________ Hour: ___________________________