



ST. PAUL'S MEMORIAL CHURCH

1700 UNIVERSITY AVENUE
CHARLOTTESVILLE, VIRGINIA 22903

www.stpaulsmemorialchurch.org

Office (434) 295-2156

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APPLICATION FOR THE BLESSING OF A UNION AT ST. PAUL'S

REQUESTED DATE AND TIME OF CEREMONY: _____

REQUESTED DATE AND TIME OF REHEARSAL: _____

PARTNER'S FULL NAME: _____

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: _____

PARTNER'S FULL NAME: _____

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: _____

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WHO WOULD YOU LIKE TO REQUEST AS YOUR PRESIDER? _____

WHY DO YOU WANT YOUR RELATIONSHIP BLESSED AT ST. PAUL'S OR BY A MEMBER OF THE ST. PAUL'S CLERGY STAFF? (USE BACK IF NECESSARY.)

I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT IN ANY WAY OBLIGATE THE ST. PAUL'S CLERGY TO CONDUCT THIS CEREMONY.

Signature

Signature