



# ST. PAUL'S MEMORIAL CHURCH

1700 UNIVERSITY AVENUE  
CHARLOTTESVILLE, VIRGINIA 22903

[www.stpaulsmemorialchurch.org](http://www.stpaulsmemorialchurch.org)

Office (434) 295-2156

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## APPLICATION TO BE MARRIED AT ST. PAUL'S

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REQUESTED DATE AND TIME OF WEDDING: \_\_\_\_\_

REQUESTED DATE AND TIME OF REHEARSAL: \_\_\_\_\_

**BRIDE'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: \_\_\_\_\_

**GROOM'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: \_\_\_\_\_

**APPLICATION TO BE MARRIED**

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NAME OF YOUR WEDDING PRESIDER: \_\_\_\_\_

WHY DO YOU WANT TO BE MARRIED 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 OUR WEDDING.

\_\_\_\_\_  
Signature of Bride

\_\_\_\_\_  
Signature of Groom