

APPLICATION FOR RITE OF HOLY UNION

Please print

| | |
|-------------------|--|
| Name | |
| Address | |
| City, ST Zip Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

| | |
|-------------------|--|
| Name | |
| Address | |
| City, ST Zip Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Address after Holy Union (if known)

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|---|
| How long have you known each other? |
| How long have you dated? |
| Have you had previously been married or had a Holy Union? Yes _____ No _____ |
| If Yes, what is the status of that relationship? Dissolved ___ Divorced ___ widowed ___ When? |
| Are there children? Yes _____ No _____ Ages |

Why do you wish to have a Holy Union at this time?

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| 1. |
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| 2. |
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|--|
| DATE REQUESTED FOR CEREMONY |
| Location |
| Time _____ Reception _____ |
| Rehearsal Yes _____ No _____ Time: _____ Date: _____ |
| Holy Union Party |
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NOTES: