



St. John's Anglican Church

42 South Street | Port Hope, Ontario | L1A 1R8 | (905) 885-2171 www.stjohnschurchph.ca | Fax: (905) 885-7592

Application for Christian Marriage

Groom

Bride

First, Middle and Last Names
Present Address
Present Telephone Number
Marital Status (never married, widowed or divorced)
Religion
Age
Date of Birth
Province of Birth
Fathers Name: Last and First
Mothers Name: Last (Maiden) and First
Province where Father born
Province where Mother born
Witness Name

It is normal that Holy Communion be received at the time of marriage. Please signify your wishes in this regard: _____Yes _____No

Flowers: _____Yes _____No

Music: _____Yes _____No

Wedding Rehearsals are normally held on Thursday Evenings