DIOCESE OF THE ARMENIAN CHURCH (EASTERN)
DEPARTMENT OF MISSION PARISHES

THE ARMENIAN CHURCH OF _____

APPLICATION FOR MARRIAGE

Date of Application: _____

Name and Surname of Groom

_____

Address: _____

Tel: _____ Cell:_____

Email: _____

Place of Birth: _____
Date of Birth: _____

Baptized in the _____Church.

Confirmed in the _____Church.

Practicing member of the _____Church.

This is my First _____ Second ____ Marriage

Name and Surname of Bride

_____

Address: _____

Tel: _____ Cell:_____

Email: _____

Place of Birth: _____
Date of Birth: _____

Baptized in the _____Church.

Confirmed in the _____Church.

Practicing member of the _____Church.

This is my First _____ Second ____ Marriage

Permanent Address after Marriage

_____

Father of the Groom: _____

Mother's Maiden Name: _____

Father of the Bride: _____

Mother's Maiden Name: _____

Place of Ceremony: _____

Date of Ceremony: _____ Time: _____

Rehearsal Date: _____ Time: _____ _____

Name & Surname of the Brother of the Cross

_____

Name & Surname of the Best Man (if different)

_____

Marriage Certificate: Number _____ City License: _____

Officiating Clergyman: _____

Organist: _____ Deacon: _____

Soloist: _____ Other Clergy: _____

NOTES:

_____

_____

_____

_____