

HOLY CROSS EPISCOPAL CHURCH
4603 Rocks Road, P.O. Box 103
Street, MD 21154
www.rocksholycross.ang-md.org
WEDDING APPLICATION FORM

Groom

Bride

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Age: _____ Date of Birth: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Date of Baptism: _____

What Denomination: _____

What Denomination: _____

Confirmed? _____

Confirmed? _____

What denomination? _____

What denomination? _____

Receives Communion? _____

Receives Communion? _____

Where? _____

Where? _____

Father's Name: _____

Father's Name: _____

Mother's Name: _____

Mother's Name: _____

Have you ever been married? : _____

Have you ever been married? : _____

If yes: Provide final divorce decree

If yes: Provide final divorce decree

Witness: _____

Witness: _____

GENERAL INFORMATION

Date of Wedding: _____

Time of Wedding: _____

Date of Rehearsal: _____

Time of Rehearsal: _____

Anticipated number attending the wedding liturgy _____

Name of Clergy: _____

(If not from this parish, please submit copy of ordination certificate.)

Name of organist: _____

ADDITIONAL INFORMATION

The capacity of Holy Cross Church's sanctuary is 130. The church is heated in the winter and air-conditioned in the summer. No smoking is allowed in the buildings. No pets are allowed in the buildings. No rice is to be used inside the buildings. No weddings may be scheduled during Lent.

Charge: No charge for members, however donations to offset expenses are welcome. \$300 for non-members for the use of the sanctuary only.