

**St. Sarkis Armenian Apostolic Church
Marriage Information Blank**

Date of Application ____/____/____

GROOM

Full Name _____

Date of Birth ____/____/____

Address _____

City _____ State ____ Zip _____

Home Phone (____) _____ Hours ____ to ____

Business Phone (____) _____ Hours ____ to ____

Occupation _____

Bachelor ____ Widower ____ Divorced ____ Number This Marriage ____

Nationality _____ Religious Affiliation _____

Baptismal Date ____/____/____ Denomination _____

If Not Baptized, Check _____

Place of Birth (City, State, Zip, Country)

Father's Name _____

Mother's First & Maiden Name _____

Parent's Address (City, State, Zip, Country)

Parent's Phone (____) _____ Hours ____ to ____

Business Phone (____) _____ Hours ____ to ____

BRIDE

Full Name _____

Date of Birth ____/____/____

Address _____

City _____ State ____ Zip _____

Home Phone (____) _____ Hours ____ to ____

Business Phone (____) _____ Hours ____ to ____

Occupation _____

Bachelor ____ Widower ____ Divorced ____ Number This Marriage ____

Nationality _____ Religious Affiliation _____

Baptismal Date ____/____/____ Denomination _____

If Not Baptized, Check _____

Place of Birth (City, State, Zip, Country)

Father's Name _____

Mother's First & Maiden Name _____

Parent's Address (City, State, Zip, Country)

Parent's Phone (____) _____ Hours ____ to ____

Business Phone (____) _____ Hours ____ to ____

BESTMAN

Full Name _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Hours _____ to _____

Business Phone (____) _____ Hours _____ to _____

Nationality _____ Religious Affiliation _____

MATRON OF HONOR

Full Name _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Hours _____ to _____

Business Phone (____) _____ Hours _____ to _____

Nationality _____ Religious Affiliation _____

Names and Addresses of Witnesses (Bestman & Maid of Honor)

1. Name _____

Signature _____

2. Name _____

Signature _____

WEDDING INFORMATION

Date of Ceremony ____/____/____ Time _____

Rehearsal Date ____/____/____ Time _____

Place of Ceremony

Holy Communion Date ____/____/____

Officiate Clergyman _____

Deacon _____

Organist _____

Soloist _____

License No. _____ County of Issue _____ Date ____/____/____

To the Best of My Knowledge, The Above Statements Are Correct

Groom's Signature _____

Bride's Signature _____

Fees _____

For office use only.
