

**ST. STEPHEN'S CHURCH**  
Confidential Application for Holy Matrimony

**Groom**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

e-mail address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Resides in \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Resides in \_\_\_\_\_  
(Include Maiden Name)

**Your Current Marital Status:** **Single** \_\_\_\_\_ **Engaged?** \_\_\_\_\_ *How long?* \_\_\_\_\_  
**Living together?** \_\_\_\_\_ *How long?* \_\_\_\_\_ **Widowed?** \_\_\_\_\_ *How long?* \_\_\_\_\_  
**Divorced?** \_\_\_\_\_ *How long?* \_\_\_\_\_ *How many times?* \_\_\_\_\_

**Bride**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

e-mail address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Resides in \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Resides in \_\_\_\_\_  
(Include Maiden Name)

**Your Current Marital Status:** **Single** \_\_\_\_\_ **Engaged?** \_\_\_\_\_ *How long?* \_\_\_\_\_  
**Living together?** \_\_\_\_\_ *How long?* \_\_\_\_\_ **Widowed?** \_\_\_\_\_ *How long?* \_\_\_\_\_  
**Divorced?** \_\_\_\_\_ *How long?* \_\_\_\_\_ *How many times?* \_\_\_\_\_

Date of Application: \_\_\_\_\_ Proposed Date of Marriage: \_\_\_\_\_  
(wedding date must be at least 6 months after date of application)

**TO BE COMPLETED BY THE BRIDE:**

Your Name: \_\_\_\_\_

**FAMILY INFORMATION**

Information about children (if appropriate):

Name	Age	Sex	Living		Parent
			Yes	No (in years)	
_____	____	____	____	____	_____
_____	____	____	____	____	_____
_____	____	____	____	____	_____

If you were raised by anyone other than your own parents, please explain.

\_\_\_\_\_  
\_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

Have there been any deaths in your family in the last years?

Yes \_\_\_ No \_\_\_ Who and when? \_\_\_\_\_

**EDUCATION:**

(Last year completed) High School \_\_\_\_\_ College Degree \_\_\_\_\_

Other training (list type and years) \_\_\_\_\_

Schools attended \_\_\_\_\_

**HEALTH INFORMATION:**

Rate your health (check): Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_

List all important present or past illnesses, injuries, or handicaps

\_\_\_\_\_  
\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Report \_\_\_\_\_

Your physician \_\_\_\_\_

Are you presently taking medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_

What? \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had counseling before? Yes \_\_\_ No \_\_\_ What was the outcome?

\_\_\_\_\_  
\_\_\_\_\_

Do you get regular exercise? Yes \_\_\_ No \_\_\_ How often?

\_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Member of St. Stephen's? \_\_\_\_\_ Other? \_\_\_\_\_ How long? \_\_\_\_\_

Date baptized \_\_\_\_\_ Date confirmed \_\_\_\_\_

Average church attendance per month (circle)

0 1 2 3 4 5 6 7 8 9 10+

Church attendance per month in childhood? (circle)

0 1 2 3 4 5 6 7 8 9 10+

For the questions below, please limit your answer to the space allowed.

Do you consider yourself a religious person? Yes\_\_\_ No\_\_\_ Uncertain\_\_\_

Do you believe in God? Yes\_\_\_ No\_\_\_ Uncertain\_\_\_

Do you pray to God? Often\_\_\_ Never\_\_\_ Occasionally\_\_\_

Are you a Christian? Yes\_\_\_ No\_\_\_ Not sure what you mean\_\_\_

How long have you been a Christian? \_\_\_\_\_

How frequently do you read the Bible? Often\_\_\_ Never\_\_\_ Occasionally\_\_\_

Do you have regular devotions? Yes\_\_\_ No\_\_\_

Explain recent changes in your religious life, if any

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What do you think makes a Christian marriage?

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What will be your involvement in the Church after your wedding?

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Have you applied for marriage elsewhere? If so, where?

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Have you ever been refused for marriage elsewhere?

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Have you had pre-marital preparation elsewhere?

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Why do you want to be married at St. Stephen's?

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**TO BE COMPLETED BY THE GROOM:**

Your Name: \_\_\_\_\_

**FAMILY INFORMATION**

Information about children (if appropriate):

Name	Age	Sex	Living		Education		Parent
			Yes	No	Yes	No (in years)	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

If you were raised by anyone other than your own parents, please explain.

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\_\_\_\_\_

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Your physician \_\_\_\_\_

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Have you used drugs for other than medical purposes? Yes\_\_\_ No\_\_\_

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\_\_\_\_\_

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