



# St. Paul's Episcopal Church



"Historic Key West's Church"

401 Duval Street

Key West, FL 33040

(305) 296-5142

www.stpaulskeywest.org

## WEDDING APPLICATION FORM

WEDDING DATE \_\_\_\_\_ TIME \_\_\_\_\_

WHERE ARE YOU INTERESTED IN HAVING YOUR WEDDING? (Please check one)

SANCTUARY \_\_\_\_\_ CHAPEL \_\_\_\_\_ ONE OF THE GARDENS? \_\_\_\_\_

REHEARSAL DATE \_\_\_\_\_ TIME \_\_\_\_\_

OFFICIATING CLERGY \_\_\_\_\_

WILL YOU BE HAVING A GUEST CLERGY \_\_\_\_\_

### PERSONAL INFORMATION

SPOUSE 1

SPOUSE 2

\_\_\_\_\_  
Please print full legal name

\_\_\_\_\_  
Please print full legal name

MARITAL STATUS: Please circle one

MARITAL STATUS: Please circle one

SINGLE    DIVORCED    WIDOWED

SINGLE    DIVORCED    WIDOWED

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL: Please print clearly

\_\_\_\_\_

\_\_\_\_\_

SPOUSE 1

PHONE NUMBERS:

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DO YOU HAVE CHILDREN: \_\_\_\_\_

**CURRENT RELIGIOUS AFFILIATION**

\_\_\_\_\_

ARE YOU BAPTIZED: \_\_\_\_\_

WHAT DENOMINATION FOR BAPTISM:

\_\_\_\_\_

**YOUR FATHER'S FULL NAME**

\_\_\_\_\_

YOUR FATHER'S BIRTHPLACE

\_\_\_\_\_  
CITY STATE

**YOUR MOTHER'S FULL MAIDEN NAME**

\_\_\_\_\_

YOUR MOTHER'S BIRTHPLACE

\_\_\_\_\_  
CITY STATE

TODAY'S DATE: \_\_\_\_\_

SPOUSE 2

PHONE NUMBERS:

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DO YOU HAVE CHILDREN: \_\_\_\_\_

**CURRENT RELIGIOUS AFFILIATION**

\_\_\_\_\_

ARE YOU BAPTIZED: \_\_\_\_\_

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**YOUR MOTHER'S FULL MAIDEN NAME**

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YOUR MOTHER'S BIRTHPLACE

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