

Application for Marriage at Good Shepherd

Complete and return to: Good Shepherd, 1100 Stockton Street, Jacksonville, FL 32204
Don't forget to include your \$100 deposit check

Today's date: _____

Wedding date: _____ Wedding Time: _____ Rehearsal date: _____ Rehearsal time: _____

Expected size of wedding: _____

Clergy:

1. Name of priest that has agreed to do the service and counseling: _____
2. Other clergy: _____
3. Church membership: _____

Information for the Wedding Couple:

Full name: _____ Birthday: _____

(circle) Single, Divorced, Widowed

Address: _____ email address: _____

Contact phone numbers: _____ Baptized: _____ Confirmed: _____

Present church affiliation: _____

Father's name and address: _____

Mother's name and address: _____

Full name: _____ Birthday: _____

(circle) Single, Divorced, Widowed

Address: _____ email address: _____

Contact phone numbers: _____ Baptized: _____ Confirmed: _____

Present church affiliation: _____

Father's name and address: _____

Mother's name and address: _____