

**St. Andrew's Episcopal Church**  
17 Church Street, Hanover, MA 02339  
(781) 826-2062 / www.standrewshanover.org

**INFORMATION FOR HOLY MATRIMONY**

Date of Wedding: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Organist: \_\_\_\_\_ Aisle Runner: \_\_\_\_\_ Communion: \_\_\_\_\_

Bride's Full Name: \_\_\_\_\_

Groom's Full Name: \_\_\_\_\_

Attendants in Wedding Party:

Best Man: \_\_\_\_\_

Maid of Honor: \_\_\_\_\_

Others: \_\_\_\_\_

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

Dates of Consultations:

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

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INFORMATION FOR HOLY MATRIMONY (page 2)

Bride's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (Town of City, State or Country) \_\_\_\_\_

Baptized \_\_\_\_\_ Confirmed \_\_\_\_\_ Communicant of St. Andrew's \_\_\_\_\_

Of what denomination are you a member (if any)? \_\_\_\_\_

Do you consider yourself an active member? \_\_\_\_\_

If "no", do you have any interest in or intention of becoming an active member of your denomination or of the Episcopal Church? \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Are both parents living? \_\_\_\_\_

If "no" indicate which parent(s) are deceased? \_\_\_\_\_

Are your parents divorced from each other? \_\_\_\_\_

If "yes", is it nevertheless likely that they will both attend the wedding? \_\_\_\_\_

Parents' Residence: \_\_\_\_\_

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INFORMATION FOR HOLY MATRIMONY (page 3)

Groom's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (Town of City, State or Country) \_\_\_\_\_

Baptized \_\_\_\_\_ Confirmed \_\_\_\_\_ Communicant of St. Andrew's \_\_\_\_\_

Of what denomination are you a member (if any)? \_\_\_\_\_

Do you consider yourself an active member? \_\_\_\_\_

If "no", do you have any interest in or intention of becoming an active member of your denomination or of the Episcopal Church? \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Are both parents living? \_\_\_\_\_

If "no" indicate which parent(s) are deceased? \_\_\_\_\_

Are your parents divorced from each other? \_\_\_\_\_

If "yes", is it nevertheless likely that they will both attend the wedding? \_\_\_\_\_

Parents' Residence: \_\_\_\_\_