

Application for a Christian Marriage

Trinitarian Congregational Church
53 Cochituate Road
Wayland, MA 01178

Telephone: 508-358-7717 / Fax: 508-358-7252
Website: www.tccwayland.org

Marriage Ceremony Date

Desired: _____ Time: _____

Rehearsal Date

Desired: _____ Time: _____

Or

Ceremony at TCC: _____ Other: _____

Marriage performed by TCC Pastoral Staff

Member: _____ Yes/Pastor: _____

Or Other/Please

Explain: _____

Note: Approval must be obtained from TCC Pastoral Staff, if a pastor from another church will be officiating at the ceremony. A copy of his churches statement of faith and pre-marital counseling plan should be submitted with this application.

Bride's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home

Phone: _____ Work: _____ Cell: _____

Email: _____

Church

Affiliation: _____

Groom's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home

Phone: _____ Work: _____ Cell: _____

Email: _____

Church

Affiliation: _____

1. What is your connection to Trinitarian Congregational Church?

2. What is your current marital status?

Bride: Single _____ Divorced _____ Widow _____

Groom: Single _____ Divorced _____ Widower _____

3. If divorced, please indicate number of previous marriages:

Bride: _____ Groom: _____

4. Are you over the age of 55?

Bride: _____ Groom: _____

5. Are you?

Cohabiting (living together) _____

Coming into this marriage with children who will be spending some time living with you _____

Coming into this marriage without children _____

6. Why do each of you desire a Christian marriage ceremony?

Bride:

Groom:

Please return this application as soon as possible. Your date will not be held until your application has been received and approved. Upon approval of this application, a packet of additional information, including a Building Use Form, will be sent to you and a deposit will be required.

To be completed by the Pastor:

Marriage approved: _____

Date and Time of Rehearsal: _____