Clergy: MARR	Office: date rec'd: MARRIAGE APPLICATION FORM								
Date of Wedding:	Time: Latest Wedding Time is 5:00 p.m.	Number of	guests:						
Are you currently a St. Jude's parishioner? Yes	No If not, do you wish t	to join the parish	n? Yes]	No					
APPLICANT									
Name:	Date of Bir	rth:							
		(month)	(day)	(year)					
Address:									
Occupation:	E-Mail:								
Phone: (home)	(cell)								
Marital Status: never married w	dowed divorced								
If divorced, state place of divorce and divorce	ce cert. #:								
Baptized: Yes No Date of Baptism:		Denomination:_	(be spe						
Parent's Birth Name (first and last):			\ 1	,					
Parent's Birth Name (first and last):									
APPLICANT									
Nama	Data of Di	rth:							
Name:	Date of Bil	(month)	(day)	(year)					
Address:									
Occupation:	E-Mail:								
Phone: (home)	(cell)								
Marital Status: never married w	dowed divorced								
If divorced, state place of divorce and divorce	ce cert. #:								
Baptized: Yes No Date of Baptism: (It is canon law that at least one		Denomination:_	(be spe						
Parent's Birth Name (first and last):									
Parent's Birth Name (first and last):									

TO BE FILLED OUT DURING FIRST INTERVIEW WITH CLERGY

DETAILS OF	SERVICE: With Eucharist: Without:]	Number o	f Rings:		
REHEARSAI	L: Date:	Time	Time:			
Place of Rece	ption:					
Notes:						
Readings:						
					_	
Name of Witr	ness:	_Address:				
Couple's resid	dence after marriage:					
					OFFICE USE	
					Payment Received	
	DEPOSIT WITH APPLICATION (non-ref	undable):		\$100.00	Received	
	ST. JUDE'S CHURCH FEE: ALTAR GUILD FEE:			\$500.00 \$100.00		
	CLERGY HONORARIUM:			\$400.00		
	MUSIC DIRECTOR FEE:		Yes No	\$300.00		
	BELL RINGER FEE (optional):		Yes No	\$ 75.00		
	LIVESTREAMER FEE (optional):			\$100.00		

License (please drop off no later than 2 weeks before your wedding)