

# FIRST UNITED CHURCH

PO Box 185, 711 Prince Street  
Truro, NS B2N 5C1

**Rev. Valerie Kingsbury ~ (902) 324-1615 ~ Minister**  
**Chris Bowman ~ (902) 324-1301 ~ Minister of Music**

***Fees and license due five (5) days before ceremony***

At First United Church we embrace the gift of love expressed in marriage and celebrate the commitment shared between two people.

We believe that marriage in the church signifies a couples desire to enter into a sacred covenant and to invite the divine presence to be a part of the joining.

If you wish to be married at First United please contact our Ministry team, Valerie & Chris, directly to set up a meeting. During this meeting available dates, church fees, decorations, music, order of service and any special requests will be discussed.

# Marriage Request Form

Please **PRINT** all information

Place of Marriage: \_\_\_\_\_

Minister: **Rev. Valerie Kingsbury** Minister of Music: **Chris Bowman**

Requested Date & Time of Wedding : \_\_\_\_\_

Requested Date & Time of Rehearsal: \_\_\_\_\_

**Partner #1:** Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
(never married, divorced, widowed)

Residence (Civic Address) before Marriage: Street Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ County \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name (& Maiden name): \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Partner #2:** Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
(never married, divorced, widowed)

Residence (Civic Address) before Marriage: Street Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ County \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name (& Maiden name): \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Marriage Request Form**  
*Please **Print** all information*

**Witness #1:** \_\_\_\_\_

Residence (Civic Address) Street Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ County \_\_\_\_\_

**Witness #2:** \_\_\_\_\_

Residence (Civic Address) Street Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ County \_\_\_\_\_

**Number in Wedding Party:** \_\_\_\_\_

**Number expected at Service:** \_\_\_\_\_

- Church Affiliation:** \_\_\_\_\_ **Planning to become a member of First United**  
\_\_\_\_\_ **Already a member/ adherent of First United Church**  
\_\_\_\_\_ **Already a member of another United Church/denomination**  
\_\_\_\_\_ **N/A**

**Signatures of couple:**

\_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED MARRIAGE REQUEST FORM TO THE CHURCH OFFICE**  
Church Office will be in contact when application has been approved by Council Representatives.