

FIRST UNITED CHURCH

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

Rev. Catherine Crooks ~ (902) 895-8098 ~ Minister
Chris Bowman ~ (902) 324-1301 ~ Minister of Music

Church Fee due upon approval of application
all other 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, Cathie & 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. Cathie Crooks** 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.