

# STONEWALL UNITED CHURCH

## The United Church of Canada

*Serving the communities of Argyle, Grassmere & Stonewall*

*P.O. Box 1099, Stonewall, Manitoba R0C 2Z0*

*TELEPHONE: 1-204-467-5469*

*FAX: 1-204-467-7223*

*e-mail: [unitedc@mts.net](mailto:unitedc@mts.net)*

*website: [www.stonewallunited.ca](http://www.stonewallunited.ca)*

**Clergy: Rev. Leonard Oracheski**

**Office Staff: Barb Fenske  
Peggy Latta**

### **APPLICATION FOR MARRIAGE**

Please read and consider the enclosed "Guidelines for Couples being married in Stonewall United Church."

All individuals, requesting use of the Stonewall United Church for weddings, must submit a written application through the Church Office, to the Stonewall United Church Council for consideration.

If you wish to apply for your wedding to be held here, please sign below, complete the back and return this sheet. The information requested corresponds to the information required for us to register your marriage in the Church Register and for the Province of Manitoba.

Once we have received this completed application, our Minister will contact you to arrange an initial interview. Your wedding will be tentatively booked and the date and time protected until a final decision is made following this initial interview.

The facilities fee must accompany the application where applicable. (See Guidelines for facility fees.)

**HAVING READ THE GUIDELINES, WE HEREBY APPLY TO BE MARRIED THROUGH  
THE STONEWALL UNITED CHURCH:**

Signed:

\_\_\_\_\_

\_\_\_\_\_

Date

**APPLICATION FOR MARRIAGE**

(PLEASE TYPE OR PRINT CLEARLY)

Surname	_____	_____
Given Names	_____	_____
Marital Status	_____	_____
Religious Affiliation	_____	_____
Baptized?	_____	_____
Confirmed?	_____	_____
Birth Date	_____	_____
Age at time of Wedding	_____	_____
Birthplace	_____	_____
Residence Address	_____	_____
Postal Code	_____	_____
Phone Number	(h) _____ (w) _____	(h) _____ (w) _____
E-mail address	_____	_____
Occupation	_____	_____
Father's Full Name	_____	_____
Birthplace	_____	_____
Mother's Full Name	_____	_____
Mother's Maiden Name	_____	_____
Birthplace	_____	_____
Name of Witnesses	_____	_____
Address of Witnesses	_____	_____
	_____	_____
Postal Code	_____	_____
Place of Marriage	_____	
Date of Marriage	_____	Time _____
Address after Marriage	_____	
	_____	
Clergy License #	_____	