

**HOLY MATRIMONY
AT ST SAVIOUR'S PARISH
BAR HARBOR, MAINE**

INFORMATION SHEET (2018)
PLEASE COMPLETE THIS SIDE
AND RETURN WITH YOUR DEPOSIT

41 MOUNT DESERT STREET
BAR HARBOR ME 04609
207-288-4215 EMAIL: INFO@STSAVIOURS.ME
THE REVEREND TIMOTHY FLECK TIM@MDI-EPISCOPAL.ORG

PERSON A

FULL NAME _____
RESIDENCE ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE(S) _____
E-MAIL _____

SINGLE WIDOWED DIVORCED THIS IS MY _____ (1ST, 2ND) MARRIAGE
ANY PREVIOUS NAMES AND REASON _____

AGE _____ DATE OF BIRTH: _____

PLACE OF BIRTH (CITY, STATE) _____

BAPTIZED YES NO DATE _____ DENOMINATION _____

CONFIRMED YES NO DENOMINATION _____

COMMUNICANT YES NO PARISH _____

OCCUPATION _____

WORK/OFFICE PHONE _____

FATHER'S FULL NAME _____

MOTHER'S FULL MAIDEN NAME _____

PARENTS' RESIDENCE _____

PERSON B

FULL NAME _____
RESIDENCE ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE(S) _____
E-MAIL _____

SINGLE WIDOWED DIVORCED THIS IS MY _____ (1ST, 2ND) MARRIAGE
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OCCUPATION _____

WORK/OFFICE PHONE _____

FATHER'S FULL NAME _____

MOTHER'S FULL MAIDEN NAME _____

PARENTS' RESIDENCE _____

NAME OF WITNESS _____

NUMBER OF OTHER ATTENDANTS _____

FLOWER GIRL(S) _____

RING BEARER(S) _____

LOCAL CONTACT INFORMATION: NAME AND TELEPHONE:

NAME OF WITNESS _____

NUMBER OF OTHER ATTENDANTS _____

DATE OF APPLICATION: _____

DATE _____ AND TIME _____ OF PROPOSED CELEBRATION.

NOTE THAT DATE AND TIME ARE NOT CONFIRMED UNTIL \$500 DEPOSIT IS RECEIVED.

THIS SECTION FOR OFFICE USE ONLY

DATE OF CEREMONY (MONTH DAY, YEAR) _____ DAY OF WEEK _____ HOUR AM PM _____

REHEARSAL DATE _____ TIME _____

HOLY EUCHARIST YES NO

ORGANIST ST. SAVIOUR'S

SERVICE LEAFLETS SUPPLIED BY PARISH OR COUPLE

APPROXIMATE NUMBER OF GUESTS EXPECTED _____

SUPPLYING FLOWERS FOR WEDDING AND THE SUNDAY FOLLOWING

BY WHICH FLORIST. NAME & PHONE: _____

LICENSE(S) OBTAINED

FORM OF SERVICE
 BCP BCP GENDER NEUTRAL I WILL BLESS YOU

LESSONS
 OLD TESTAMENT: _____
 READER NAME: _____

PSALM OR HYMN OR ANTHEM: _____
 EPISTLE: _____
 READER NAME: _____

PSALM OR HYMN OR ANTHEM: _____
 GOSPEL: _____
 READER (DEACON OR PRIEST): _____

LEADER OF THE PRAYERS NAME: _____

OFFICIANT: TO BE FILLED OUT BY THE OFFICE
 NAME: _____
 EMAIL: _____
 PHONE: _____

NAMES AND PERMANENT ADDRESS AFTER MARRIAGE:

MAIL:

E-MAIL:

PHONE:

FEES

ALL FEES ARE PAYABLE DIRECTLY TO ST. SAVIOUR'S PARISH

STANDARD FEE FOR USE OF CHURCH \$1,575

LESS DEPOSIT (DUE WITH APPLICATION) \$500

EXTRAS IF APPLICABLE

ORGANIST COORDINATING WITH OTHER MUSICIANS \$50 PER HOUR

ADDITIONAL CLEANING IF REQUIRED \$25 PER HOUR

USE OF PARISH HALL/KITCHEN FOR RECEPTION \$400

BALANCE DUE ONE MONTH PRIOR TO CEREMONY \$ _____

CEREMONY WILL TAKE PLACE AT THE CENTRAL ALTAR IN THE CHAPEL
 (THE CHAPEL SEATS ABOUT 26 WITH AN ADDITIONAL 30 IN THE TRANSEPT.)

USE OF RECTORY COMMON AS A DRESSING AREA

PARISH HALL FOR THE RECEPTION (SEE FEES)