

**St. Andrew's United Church**  
6036 Coburg Road, Halifax, Nova Scotia B3H 1Y9

Phone: 902-422-3157

email: office@saintandrewshfx.ca

Please provide the following information to enable your wedding to be booked through our church office. **Please print clearly.**

**PARTNER**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Phone: (home)\_\_\_\_\_ (work)\_\_\_\_\_

(cell)\_\_\_\_\_ email\_\_\_\_\_

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**PARTNER**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City Province Postal Code

Phone: (home)\_\_\_\_\_ (work)\_\_\_\_\_

(cell)\_\_\_\_\_ email\_\_\_\_\_

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**Partner**

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Full Name \_\_\_\_\_

Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Citizenship \_\_\_\_\_

Father (full name) \_\_\_\_\_

Father's Birthplace \_\_\_\_\_

Mother  
(full **maiden** name) \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_

**Date of Wedding** \_\_\_\_\_ **Time** \_\_\_\_\_

**Date of Rehearsal** \_\_\_\_\_ **Time** \_\_\_\_\_

Officiating Pastor \_\_\_\_\_ Future Church Affiliation \_\_\_\_\_

Full Name and Address of Witnesses including **County** (must be at least 16 yrs. old)

_____	_____
_____	_____
_____	_____
_____	_____

Have you been refused marriage by any other Pastor? \_\_\_\_\_

Do you require our Organist? \_\_\_\_\_

Other instrumentalists? \_\_\_\_\_

Any special preferences regarding music? \_\_\_\_\_

Will other clergy assist in your service? \_\_\_\_\_

Will you be lighting unity candles in the service? (You must supply your own candles.) \_\_\_\_\_

Do you want the Minister to attend your wedding reception? \_\_\_\_\_