



# *The* EPISCOPAL DIOCESE *of* **WESTERN MICHIGAN**

Clergy who are not canonically resident in the Episcopal Diocese of Western Michigan must request permission from the Bishop of Western Michigan to officiate in the diocese at a marriage. The following information must be provided prior to obtaining the Bishop's permission to officiate.

Date of Request: \_\_\_\_\_ (MM/DD/Year)

*(Must be a minimum of 30 days prior to marriage date)*

## **Information about Priest**

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

Canonical Residence: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

## **Information about First Partner:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Have they been baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

If an Episcopalian, name of parish: \_\_\_\_\_

Have they been married previously? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Information about Second Partner:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Have they been baptized: Yes \_\_\_\_\_ No \_\_\_\_\_

If an Episcopalian, name of parish: \_\_\_\_\_

Have they been married previously? Yes \_\_\_\_\_ No \_\_\_\_\_

**Information about the Couple/Wedding:**

Date of Wedding: \_\_\_\_\_ (MM/DD/Year)

Have they signed the Episcopal “Declaration of Intention?” (Canon I.18.3.e-g)

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the pre-marital counseling for this couple: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Bishop’s Signature

\_\_\_\_\_  
Date

Please email the completed form to Tricia Leistra, Diocesan Administrator, at [tleistra@edwm.org](mailto:tleistra@edwm.org)