



The EPISCOPAL DIOCESE of **WESTERN MICHIGAN**

REQUEST FOR REMARRIAGE CONSENT FORM

Date of Request:
(Must be at least 30 days prior to marriage date)

Name of priest:

Name of parish:

I ask your consent to celebrate and bless the marriage of...

Name:

Name:

Date of Ceremony:

Location of Ceremony: _____ in _____, _____
(venue or location) (city) (state)

Based on my personal and pastoral knowledge of these persons intending to marry, and my compliance with all of the provisions of Canon I.19 and Canon I.18, I believe these two persons are prepared and ready to enter into Holy Matrimony.

Priest's Signature

Date

Bishop's Signature

Date

Updated July 2020

To submit this form:

- Sign, scan, and email to office@edwm.org (OR)
- Sign and mail to –
The Episcopal Diocese of
Western Michigan
5347 Clyde Park Ave SW
Wyoming, MI 49509