

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 minin	num of 30 days pric	or to mar	riage date)	
Information ab	out Priest			
Full Name:				
Canonical Resid	ence:			
Address:			City:	
State:	Phone:			
Email:	<u></u>		City:	
	out First Partner:			
First Name:				
Last Name:				
Last Name: Have they been baptized: Yes No				
If an Episcopalia	in, name of parish:			
Have they been a	married previously?	? Yes	No	
Information ab	out Second Partne	r:		
First Name:				
Last Name:				
Last Name: Have they been baptized: Yes No				
If an Episcopalia	n, name of parish:			
Have they been married previously? Yes No				

Information about the Couple/Wedd	ling:
Date of Wedding:	(MM/DD/Year)
Have they signed the Episcopal "Declary Yes No	aration of Intention?" (Canon I.18.3.e-g)
Describe the pre-marital counseling fo	r this couple:
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Bishop's Signature	Date
Please email the completed form to Ca Administrator, ccameron@edwm.org	therine Cameron-Heldt, Diocesan