



The EPISCOPAL DIOCESE of WESTERN MICHIGAN

Date of Request: _____ (Must be a minimum of 30 days prior to marriage date)

Name of Priest: _____

Canonical Residence: _____

Name of Parish: _____

I ask your consent to celebrate and bless the marriage of

Name: _____

Name: _____

Date of Ceremony: _____ Location of Ceremony: _____

City: _____ State: _____

Describe the pre-marital counseling for this couple: _____

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: _____

Please email the completed form to Mark Sullivan, Diocesan Office Administrator,
msullivan@edwm.org