

The Episcopal Church in Iowa



Form of Report ✕ Request for Bishop's Consent

Title I, Canon 19, Section 3(c)

1. Clergy's Name (Officiant) _____

Address _____

Phone and Email _____

2. Name Person 1 _____ Age _____

Address _____ Baptized _____

Date(s) prior marriage(s) annulled or dissolved by civil decree. Please include the name of the former spouse(s) _____

Appropriate evidence submitted; copy of the decree(s) are enclosed? _____

3. Name Person 2 _____ Age _____

Address _____ Baptized _____

Date(s) prior marriage(s) annulled or dissolved by civil decree. Please include the name of the former spouse(s) _____

Appropriate evidence submitted; copy of the decree(s) are enclosed? _____

4. Are there minor children affected by this marriage? _____

5. Has the priest instructed the parties that continuing concern must be shown for the former spouse and any children prior to this marriage? _____

6. Do the parties comply with the provision of Title I, Canon 18? _____
7. Have they signed, or will they sign, a Declaration of Intention? _____
8. What is their intention regarding a relationship in the Episcopal Church? _____
9. Premarital counseling by _____
 (if different from officiant)
- Address/City/State/Zip _____
- Phone and Email _____
- Counseling hours Planned _____ Counseling Hours Completed _____
10. Planned date and location of the marriage _____

- At which church will this marriage be recorded? _____

 Clergy Signature

 Date

 Bishop's Signature

 Date

*Please submit this original to the Bishop's Office for his signature.
 A signed copy will be returned for your records. Thank you.*

THANK YOU FOR PRINTING CLEARLY. Return to: Office of the Bishop, 225-37th St., Des Moines IA 50312

 For Office Use Only