

**Remarriage Application - Request for Bishop’s Consent**

Canon I.19.3(c)

1. Clergy’s Name (Officiant)

Address \_\_\_

Phone and Email

2. Name of Petitioner: Age \_\_\_\_\_\_\_\_\_\_

Address: Baptized

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

Appropriate evidence submitted (e.g. did you see the decree(s)?)

(a copy of the decree(s) may be kept in your records if you so choose.)

3. Name of Future Spouse: Age

Address Baptized

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

of the former spouse(s) if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriate evidence submitted (e.g. did you see the decree(s)?)

(a copy of the decree(s) may be kept in your records if you so choose.)

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 Canon I.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

Address/City/State/Zip

Phone and Email

(if different than officiant)

Counseling Hours Planned Counseling Hours Completed

10. Planned date and location of the marriage

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

11. At which church will this marriage be recorded?

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

Clergy’s Signature Date

Bishop’s Consent Date

*Bishop of New Hampshire*

Please submit this original to the Bishop’s Office for his signature.

A signed copy will be returned for your records.Thank you.