

REQUESTED DATE OF MARRIAGE: _____
REQUESTED TIME OF MARRIAGE: _____

WHAT DOES MARRIAGE MEAN TO YOU?

RETURN THIS APPLICATION FORM, IN PERSON OR BY MAIL TO

**Scarboro United Church,
134 Scarboro Avenue SW
Calgary AB T3C 2H1**

OR EMAIL IT TO: office@scarborounited.ab.ca

THE TENTATIVE BOOKING FOR YOUR WEDDING will be made following the receipt of this application form.

THE CONFIRMATION OF THE BOOKING OF YOUR WEDDING will be made at your first appointment with the minister.