



CLERGY APPLICATION TO OFFICIATE AT A WEDDING AT SHRINE MONT

The following must be completed and returned before permission to officiate at a wedding in the Cathedral Shrine of the Transfiguration at Shrine Mont is granted. Please keep a copy for reference and return a signed original copy to Weddings at Shrine Mont, PO Box 10, Orkney Springs, VA 22845. A copy of the document will be returned once it has been approved and signed by the Bishop.

Name of clergy who will be in charge of proposed wedding ceremony:

\_\_\_\_\_

Name of church: \_\_\_\_\_

Preferred address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Authorized to perform weddings in Virginia in what year and by circuit court of which city or county?

\_\_\_\_\_

Please review and if true, initial and date next to each statement.

I am currently in good standing with my church and/or denomination. \_\_\_\_\_ / \_\_\_\_\_  
initials date

I will follow all traditions, rules and practices called for within my church and/or denomination for administering the right of matrimony. \_\_\_\_\_ / \_\_\_\_\_  
initials date

Name of prospective bride: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of prospective groom: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Proposed date and time of wedding (please note that the day and time of a wedding is subject to approval of Shrine Mont's Director and dependent on Shrine Mont's calendar): \_\_\_\_\_

Submitted and Signed by:

\_\_\_\_\_  
Signature of the clergy applying to officiate

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
The Rt. Rev. E. Mark Stevenson

\_\_\_\_\_  
Date