



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. Are/will the requirements of [Canon I.18](#) be met? _____

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 Assisting of Florida

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