HOLY TRINITY GREEK ORTHODOX CHURCH 4070 PARK AVENUE – BRIDGEPORT, CT 06604 203-374-5561

Please bring or mail in the following items with the completed forms.

- 1. Bride's Baptismal certificate
- 2. Groom's Baptismal certificate
- 3. \$550 OR Letter of Good Standing from Koumbaro's home parish (Non Stewards only)
- 4. \$350 Sacrament Fee (Non Stewards only This is not Stewardship)*
- 5. Chanter Fee \$150.00 and Caretaker Fee \$150.00 (Separate envelopes please)
- 6. Organist (if needed) \$150

PLEASE NOTE THAT THE SACRAMENT DATE CANNOT BE BOOKED UNTIL THIS FORM AND THE ABOVE ITEMS ARE RECEIVED.

Once all required forms are received the bride and groom will come to the office to sign the official documents.

*First Marriages Only: The sacrament fee will be waived only if the family of the bride or groom are stewards in good standing of Holy Trinity.

WEDDING DAY REQUIREMENTS

- 1. Stefana (Wedding crowns)
- 2. Silver Tray with Koufeta (Candied Almonds)
- 3. Two (2) small Candles
- 4. Wedding Rings
- 5. Wedding License

CHURCH DECORATION GUDELINES

The Greek Orthodox Church is adorned with only those things that remind us of Heaven, and therefore do not require any additional decorating. However, certain items are acceptable for weddings.

- 1. Flower arrangements on the pews down main aisle only. No nails, tape, glue, etc. are allowed to affix flowers.
- 2. Two (2) floral arrangements only. They must not be higher than three (3") feet high including stand
- 3. Two (2) large candles not taller than three (3") feet high including stands.

WEDDING REHEARSALS

Wedding rehearsals are not required. If you still would like a wedding rehearsal, please call the Church Office to make the arrangements. Begging January 1, 2018 – there will be an additional \$50 fee for wedding rehearsals that must be paid in advance.

Date of Wedding: _____ Bride's Information **Groom's Information** Full Name: Full Name: Address: Address: City: _____ State: Zip: _____ State: _____Zip: _____ Age: _____ Date of Birth: _____ Age: _____ Date of Birth: _____ Place of Birth: Place of Birth: _____ Date of Birth: Date of Birth: Which religion were you baptized: _____ Which religion were you baptized: _____ Date of Chrismation ______ Date of Chrismation _____ Usual Occupation _____ Usual Occupation Father's name: Father's name: Father's place of Birth ______ Father's place of Birth ______ Father's religion ______ Father's religion _____ Mother's maiden name _____ Mother's maiden name (First) (Last) (last) (First) Mother's country of birth _____ Mother's country of birth _____ Mother's religion _____ Mother's religion Have you ever been married? _____ Have you ever been married? If YES please fill out Supplementary Record Form If YES please fill out Supplementary Record Form At what age did you arrive in US ______ At what age did you arrive in US _____ Date of Arrival Date of Arrival Are you related to the intended Groom: Yes No Are you related to the intended Bride: Yes No By Blood (cousins, etc.) By Blood (cousins, etc.)

No

By marriage to one of her relatives: Yes

By marriage to one of his relatives: Yes

No

INFORMATION PERTAINING TO KOUMBARO (SPONSOR

KOUMBARO'S NAME
ADDRESS
CITY/STATE/ZIP
TELEPHONE:
CHURCH AFFILIATION
CHURCH ADDRESS
ARCHDIOCESAN NUMBER
IF MARRIED: NAME OF CHURCH WHERE WEDDING WAS PERFORMED:
CITY & STATE
NAME OF PRIEST
Sacrament Contract
Please fill in the blanks and sigh at the bottom.
(Bride's first and last name) (Groom's first and last name) agree that we will be on time for our wedding.
We also agree that if the wedding does not begin within ONE HALF (1-1/2) HOUR after the scheduled start time, which is caused by the bride, groom, or any of the bridal party and its attendants, we agree to pay a late fee of \$500.00. We further agree that if we throw anything, rice, flower petals, koufeta, etc. in the Church without the written permission of the Pastor of Holy Trinity, we will pay a \$350.00 cleaning fee.
Bride's Signature
Groom's Signature

SUPPLEMENTARY MARRIAGE RECORD FORM

(To be filled out by all who have been previously married, whether in a Greek Orthodox Church, another Church, or civily.)

 Name of applicant 	t for wedding licence:	•••••			
2. A. How many times h	nave you been married?	1	····		
B. Spouse(s)' Name(s)) 1	· ····- - ····	a		
	2	•••••••••••			•••••••
	3	***************************************			
C. Spouse(s)' Religion	:1	***************************************			***************************************
	2	••••••			
91	3				***************************************
D. Date of Marriage:	1				***************************************
	2				
	3				*****************
E. Place of Marriage:	1				***************************************
	2				***************************************
× *	3	•••••••••••••••••••••••••••••••••••••••			
F. Performed by whom: 1	L				
	?	(Priest	or Minister or Circ Osc.		
	}		or Minister or City Official)		
If the above marriage		Complete the fo	llowing and in the	certificate of death or the or	riginal
G. Dissolved by: a) DEATH:				30 11001	Province of the Control of the Contr
	2	(Date)	8.7	(Placa)	
٠.	3	(Date)		(Piace)	
b) CIVIL DIVORCE	· ·	(Date)		(Place)	***************************************
o) CIVIL DIVORCE.	. I	(Date)			
w .u	2			(Place)	
	3	(Date)	* * 1 .	(Pisce)	
c) ECCLESIASTICAL DECREE	1	(1986)		(Place)	
	2.	(Date)	······································	(Place)	
ARCHDIOCESE FORM NO. 165		(Date)	······································	(Place)	******* ****

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NAME	(FIRST)
L	AST
FULL HO	OME ADDRESS:
PHONE:	: HOME:
V	VORK:
CI	ELL:
FAX:	
	WORK:
E-MAIL:	HOME:
	WORK:
BRIDE:	
NAME (F	IRST)
LA	
FULL HON	ME ADDRESS:
PHONE	HOME:
	WORK:
	CELL:
FAX:	HOME:
	WORK:
E-MAIL:	HOME:
×	WORK:
Best Ma	ru: Koumbaro: