Request to Officiate at a Wedding
by clergy not canonically resident in the Diocese of Central Pennsylvania

Clergy who are not canonically resident in the Episcopal Diocese of Central Pennsylvania must request permission from the Bishop of Central Pennsylvania to officiate in the diocese at a wedding. The following information must be provided prior to obtaining the Bishop’s permission to officiate at a wedding within the Diocese of Central Pennsylvania.

Please print clearly or type

Information about Priest

Name: ____________________________  Canonical Residence: ____________________________
Address: ________________________________  City __________________  State: ______
Phone: (______)_____________  Email: ________________________________

Information about the Ceremony  Date of Ceremony ______________________
If at an Episcopal Parish in the Diocese of Central Pennsylvania (DCPA), which one?
Parish: ________________________________
If not at a DCPA parish, name of location: ________________________________
Where will this marriage be recorded? ________________________________

Information about the Bride

First Name ____________________________  Last Name ________________________________
Has bride been baptized?  ___Yes  ___No  If Episcopalian, name of bride’s parish: ________________________________
Has the bride been married previously?  ___Yes  ___No

Information about the Groom

First Name ____________________________  Last Name ________________________________
Has groom been baptized?  ___Yes  ___No  If Episcopalian, name of groom’s parish: ________________________________
Has the groom been married previously?  ___Yes  ___No
Have you received permission from your bishop for this re-marriage to take place?  ___Yes  ___No

Information about the Couple

Have they signed the Episcopal “Declaration of Intention”? (canon I.18.3.e-g)  ___Yes  ___No
Describe the pre-marital counseling for this couple:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Permission Granted:

______________________________
Clergy Signature

Date: ________________  Bishop’s Signature

Please print this form and send the completed, signed form to:
The Right Rev. Audrey C. Scanlan
The Diocese of Central Pennsylvania
PO Box 11937, Harrisburg, PA 17108 or scan and email to: cpatterson@diocesecpa.org