

Episcopal Diocese of Central Pennsylvania Request for Remarriage Consent

To: The Rt. Rev. Audrey C. Scanlan, Bishop of the Diocese of Central Pennsylvania

Date of Request: ______

Information about Priest		
Name:		e:
Address:	City	State:
Phone: (Email:		
Information about the Ceremony	Date of Cer	emony
If at an Episcopal Parish in the Diocese of Central Pennsylvan		5.5
Parish:		
If not at a Diocese of Central Pennsylvania parish, name of lo	cation:	
Where will this marriage be recorded?		
I ask your consent to celebrate and bless the marriage of Information about the Bride		
First Name Las	t Name	
Has bride been baptized?Yes No If Episcopalian, na	me of bride's parish: _	
Has the bride been married previously? Yes (if yes, number	er of times)	_No
Information about the Groom		
First Name Las		
Has groom been baptized?Yes No If Episcopal		
Has the groom been married previously? Yes (if yes, num	iber of times)	_No
[In an attached letter, please give a narrative description of your ap- information about the previous marriage(s); the extended family, b visitation arrangements; the process and content of self-awareness marriage; and a discussion of the theological understanding of reco couple.]	lended family and children and relational work accor	n (step-children?) living, custodial and mplished to prepare the couple for re-
Based on my personal and pastoral knowledge of these personal my compliance with all of the provisions of Canon 1.18 a joining together in Holy Matrimony.		
, , ,	Permission Granted	l:
Priest's Signature	Bishop's Signature	
	Date of Consent:	

Please return completed form to: The Right Rev. Audrey C. Scanlan The Diocese of Central Pennsylvania PO Box 11937

Harrisburg, PA 17108 OR cpatterson@diocesecpa.org

(The request must be received by the Bishop at least 60 days prior to marriage date)