



**EPISCOPAL CENTER
DIOCESE OF WESTERN MICHIGAN**

THE RIGHT REVEREND ROBERT R. GEPERT D.D., BISHOP
535 S. Burdick St., Suite 1* Kalamazoo, MI 49007
269-381-2710 * Fax 269 381-7067 * Email: diowestmi@edwm.org * www.edwm.org

REQUEST FOR REMARRIAGE CONSENT

Date of Request _____

Rector _____

Parish _____ **City** _____

I ask your consent to celebrate and bless the marriage of:

(Please print or type)

Name _____ **Name** _____

on _____ **at** _____
(date of ceremony) (place of ceremony)

Based on my personal and pastoral knowledge of the persons intending to marry and my compliance with all of the provisions of Canon I.19 and Canon I.18, I believe these two persons are prepared and ready to enter into Holy Matrimony.

Rector's Signature

Bishop's Signature

Date of Consent