GREEK ORTHODOX ARCHDIOCESE OF AMERICA

METROPOLIS OF NEW JERSEY

SUPPLEMENTAL MARRIAGE FORM 165

This form is to be completed by the priest for persons who have been widowed or previously married, either in an Orthodox Church, another Faith or civilly.

APPLICANT'S NAME: _____

How many times has he/she been married? _____

SPOUSE(S)' NAME(S)
1. _____
2. _____
3. _____

Spouse(s)' Religion:
1. _____
2. _____
3. _____

Date of Marriage:
1. _____
2. _____
3. _____

Place of Marriage:
1. _____
[Church/City Hall] [Religion] [City] [State]
2. _____
3. _____

Performed by whom:
1. _____
[Name of Orthodox Priest, other Clergyman or City Official]
2. _____
3. _____

If the above marriage(s) has been dissolved, complete the information below. Attach a copy of the Death Certificate or the original Ecclesiastical Divorce Decree with the Marriage Affidavit for License to Marry.

MARRIAGE DISSOLVED BY:

Death:
1. _____
[Date] [Place]
2. _____
3. _____

Civil Divorce:
1. _____
[Date] [Place] [Docket Number]
2. _____
3. _____

Ecclesiastical Divorce:
1. _____
[Diocese] [Date] [Protocol Number]
2. _____
3. _____