

COPTIC ORTHODOX CHURCH

LOCAL CLERICAL COUNCIL

**NORTH CAROLINA – SOUTH CAROLINA
KENTUCKY**



الكنيسة القبطية الأرثوذكسية
المجلس الكليريكي المحلي
نورث كارولينا – ساوث كارولينا - كنتاكي

Please read the following instructions carefully before you fill in the attached application

New cases Application Instructions

If you are applying for an Ecclesiastical Marriage Permit (EMP), please follow the steps below:

1. Complete the attached application in its entirety. When the application is complete, press print. In the alternative, download the PDF Application and clearly and legibly print your answers by hand.
2. The application consists of the following main parts:
 - I. Applicant Information
 - II. Spouse Information
 - III. Children Information
 - IV. Marriage & Divorce Information
 - V. Case Summary
 - VI. Supporting Documents & Certificates
 - VII. Declaration of Veracity
 - VIII. Authorization, Release and Waiver
3. Send your completed and printed application along with copies of the supporting documents and certificates by regular mail to the following address:

**Clerical Council for Family Affairs
Diocese of North Carolina, South Carolina and Kentucky
101 Shasta Ln.
Charlotte, NC 28211
USA
Attn. Fr. Arsanios Ragheb, Secretary of the Council**

Incomplete applications or missing/partial fees may result in delay of processing the case.



**COPTIC ORTHODOX CHURCH
CLERICAL COUNCIL FOR FAMILY AFFAIRS**

Diocese of North Carolina, South Carolina and Kentucky

APPLICATION FOR ECCLESIASTICAL MARRIAGE PERMIT (EMP)

I. APPLICANT'S INFORMATION:

FULL LEGAL NAME: FIRST MIDDLE(S) LAST	
DATE OF BIRTH: YYYYMMDD	
PLACE OF BIRTH:	
NATIONALITY: LIST ALL NATIONALITIES CONCURRENTLY POSSESSED	
OCCUPATION:	
CURRENT RESIDENCE ADDRESS:	
PHONE NUMBER: CELL, HOME	
E-MAIL ADDRESS:	
IMMIGRATION STATUS IN COUNTRY OF RESIDENCE:	
DENOMINATION:	
DIOCESE:	
BISHOP:	
PARISH CHURCH:	
FATHER CONFESSOR AND HIS CHURCH:	
CURRENT MARITAL STATUS:	

II. SPOUSE INFORMATION: (THE OTHER PARTY SUBJECT TO THIS APPLICATION)

FULL LEGAL NAME: FIRST MIDDLE(S) LAST	
DATE OF BIRTH: YYYYMMDD	
PLACE OF BIRTH:	
NATIONALITY: LIST ALL NATIONALITIES CONCURRENTLY POSSESSED	
OCCUPATION:	
CURRENT RESIDENCE ADDRESS:	
PHONE NUMBER: CELL, HOME	
E-MAIL ADDRESS:	
IMMIGRATION STATUS IN COUNTRY OF RESIDENCE:	
DENOMINATION:	
DIOCESE:	
BISHOP:	
PARISH CHURCH:	
FATHER CONFESSOR AND HIS CHURCH:	
CURRENT MARITAL STATUS:	

III. FAMILY INFORMATION:

CHILDREN NAMES AND BIRTH DATES:

FULL NAME (FIRST MIDDLE LAST)	DATE OF BIRTH (YYYYMMDD)

IV. MARRIAGE INFORMATION:

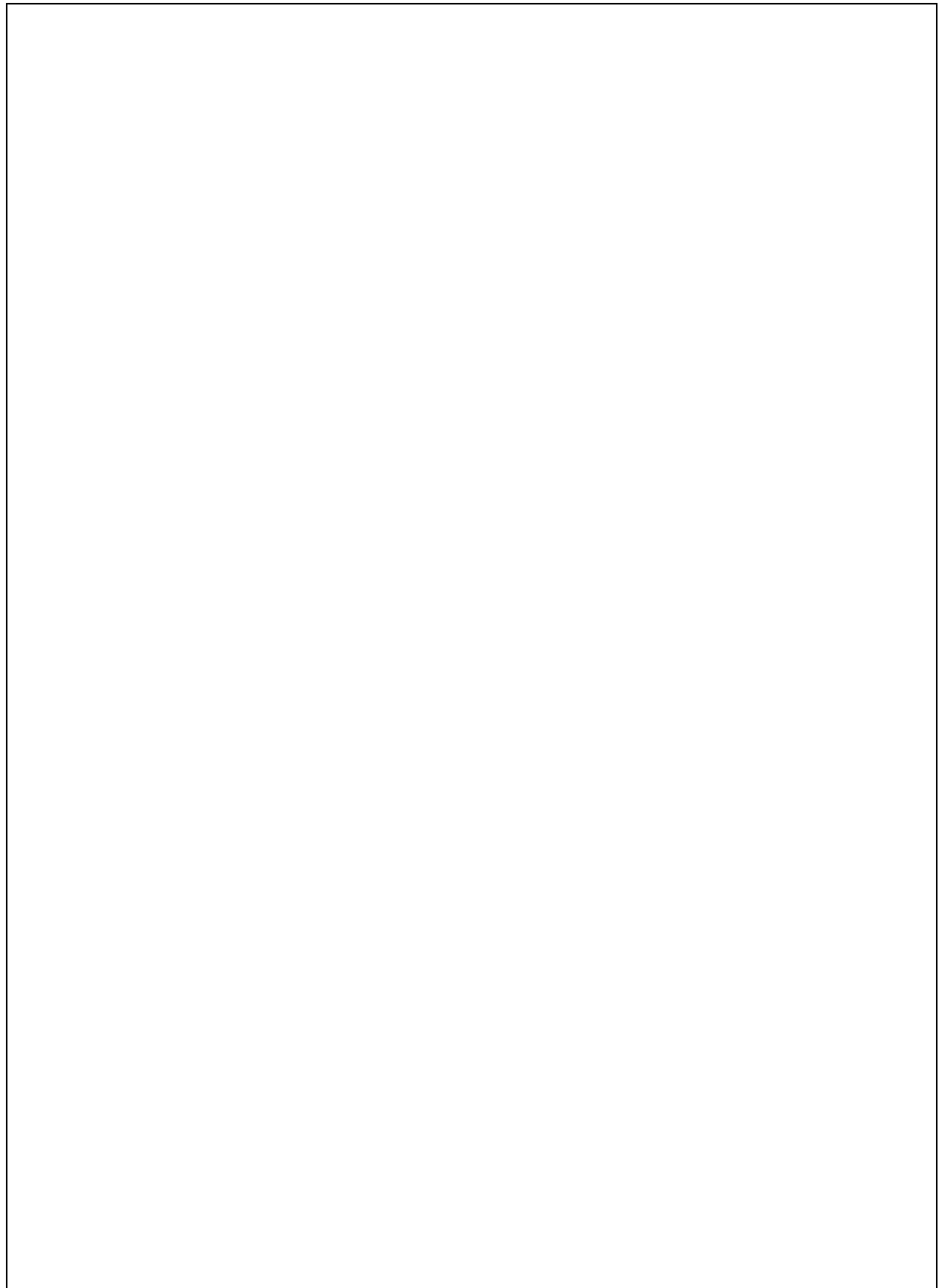
DATE OF CHURCH MARRIAGE: YYYYMMDD	
OFFICIATING PRIEST:	
CHURCH: NAME & LOCATION	
PRIESTS INVOLVED IN MARITAL CONCILIATION OR COUNSELLING:	

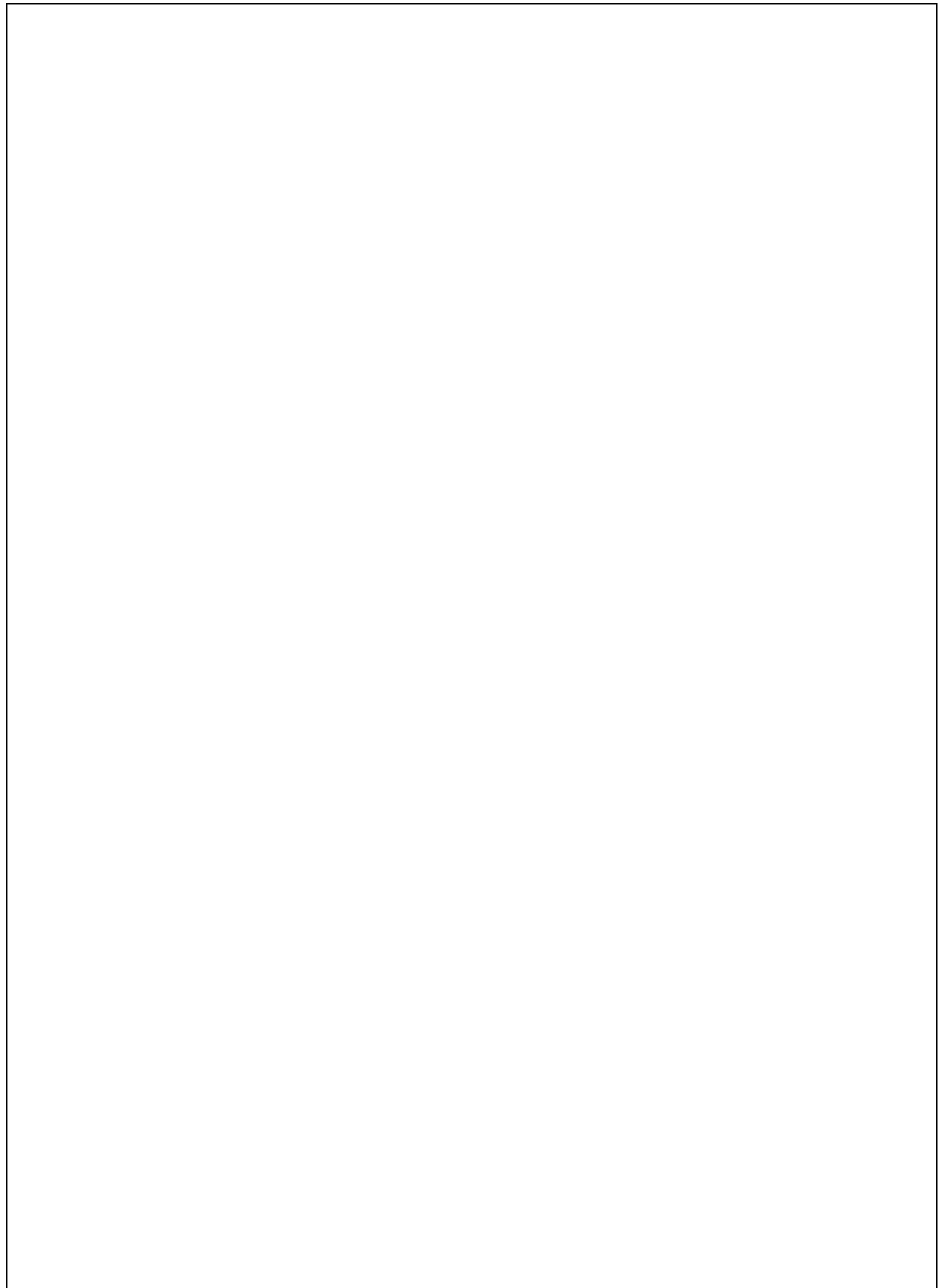
DATE OF SEPARATION: YYYYMMDD	
DATE OF CIVIL DIVORCE: YYYYMMDD	
NAME & PLACE OF COURT:	

DATE OF ALL PREVIOUS MARRIAGES, IF ANY YYYYMMDD			
TYPE (Church/Civil/Common-law...)			
LOCATION OF EACH MARRAIGE			

V. CASE SUMMARY:

PLEASE PROVIDE A SUMMARY OF YOUR CASE DETAILING THE GROUNDS YOU BELIEVE WILL ENTITLE YOU TO AN ECCLESIASTICAL MARRIAGE PERMIT (EMP): (MAX. 7000 CHARACTERS OR 3 PAGES, SINGLE-SPACED)





VI. SUPPORTING DOCUMENTS AND CERTIFICATES:

PLEASE PROVIDE A LIST OF YOUR DOCUMENTS AS SET OUT BELOW. SEND ONLY COPIES OF THE ORIGINAL DOCUMENTS. THE FOLLOWING DOCUMENTS MUST BE DISCLOSED:

- CIVIL MARRIAGE CERTIFICATE
- CHURCH MARRIAGE CERTIFICATE
- CIVIL DIVORCE DECREE

ALL OTHER DOCUMENTS MUST SUPPORT THE GROUNDS FOR YOUR APPLICATION FOR AN EMP, AS MENTIONED ABOVE.

DOCUMENT NUMBER	DOCUMENT NAME	DOCUMENT DESCRIPTION
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VII. DECLARATION:

I, before Almighty God, state that all information submitted to the Clerical Council for Family Affairs – Diocese of North Carolina, South Carolina and Kentucky contained in and pertinent to this application, is true and complete to the best of my knowledge.

APPLICANT NAME	APPLICANT SIGNATURE	DATE
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WITNESS NAME	WITNESS SIGNATURE	DATE
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VIII. AUTHORIZATION, RELEASE AND WAIVER:

I hereby consent to participate voluntarily in an adjudication before the Coptic Orthodox Church Clerical Council for Family Affairs – Diocese of North Carolina, South Carolina and Kentucky (hereinafter “the Council”) and/or its assigned representatives. I hereby authorize the Council to disclose and discuss all or part of the information and/or documents, which I voluntarily submitted in my application to the Council, to my spouse, as named and identified in my application, to the Coptic Orthodox priests assigned to assist the Council, and to other Coptic Orthodox diocesan clerical councils as the Council deems necessary in order to determine my eligibility for a remarriage permit. I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

I consent to the conditions of the Council and waive any and all rights to obtain and/or use the Council’s case file and all related documents, recordings and notes, all of which are the sole possession of the Council. The Council retains all files in full confidentiality and shall not disclose said documents to any administrative tribunal or court of law. The Council will not release said documents under any condition pursuant to the guidelines of ecclesiastical confidentiality and religious privilege.

I understand that all decisions of the Council are final and not subject to judicial review. I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, the decision rendered in regards to my application.

If the Council issues an Ecclesiastical Marriage Permit (EMP), thereby allowing me to remarry in the Coptic Orthodox Church, the Council reserves the right to disclose cause(s) of the ecclesiastical annulment or divorce to my future/ [contemplated] fiancé/e. I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, this limited disclosure.

APPLICANT NAME	APPLICANT SIGNATURE	DATE
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WITNESS NAME	WITNESS SIGNATURE	DATE
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