



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

New cases Application Instructions

The application consists of the following main parts:

- I. Counseling Priest Report
- II. Applicant Information
- III. Spouse Information
- IV. Children Information
- V. Marriage & Divorce Information
- VI. Case Summary
- VII. Supporting Documents & Certificates, and Photographs
- VIII. Declaration of Veracity
- IX. Authorization, Release and Waiver
- X. Checklist

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

1. Download and Print the application from the website (www.coptcipa.org/clerical-council).
2. Hand the page entitled "Report of the Counselling Priest" to the priest that was involved in the counselling of the marriage. Ask the priest to fill out and send his report to the CCFFPA by regular mail at the address below or by email at ccffpa@gmail.com.
3. 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.
4. Prepare a check in the amount of \$100.00 USD paid in the order of "Coptic Orthodox Diocese of PA & Its Affiliated Regions." On the memo line, write "CCFFPA Application Fee". Include your check with your application.
5. Send your completed and printed application along with copies of the supporting documents, certificates, photographs of Applicant and Former Spouse and the check by regular mail to the following CCFFPA address:

**Clerical Council for Family Affairs – PA Local District
P.O. BOX 387, Conshohocken, PA 19428, USA**

Please note that your application will remain "incomplete" and will not be studied until the CCFFPA receives the "Report of the Counselling Priest"

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

The applicant is responsible to notify the CCFFPA by email any change of address or contact information.

**CLERICAL COUNCIL
FOR FAMILY AFFAIRS**

PA LOCAL DISTRICT



I. COUNSELING PRIEST REPORT

To be sent by the counseling priest directly to the CCFFPA by email to ccffpa@gmail.com or by regular mail to the CCFFPA address. This report is not to be shared with the applicant nor with the spouse.

على الأب الكاهن ارسال هذا التقرير للمجلس الكليريكي مباشرة بالبريد الإلكتروني أو بالبريد على عنوان المجلس - ولا يتطلع على هذا التقرير مقدم الطلب ولا الطرف الآخر.

COUNSELING PRIEST NAME:	
TELEPHONE NUMBER:	
EMAIL:	
CHURCH: (NAME & LOCATION)	

INFORMATION ABOUT THE COUPLE

APPLICANT'S FULL NAME:	
SPOUSE'S FULL NAME:	

Dear Father, please write a summary of the case and the reasons why the marriage failed. Please include any information (if applicable) on Psychiatric illnesses, disorders, Addictions, Smoking, Drugs, Alcohol, Abuse, Pornography, Perverted Sex, Adultery, Gambling,

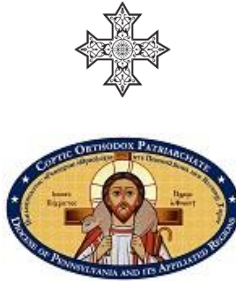
Signature of the Priest: _____ Date: _____

Please feel free to use extra papers if needed.

The CCFFPA will only study the case when it receives this report.

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الكنيسة القبطية الأرثوذكسية
المجلس الكلييري المحلي
لأحوال الشخصية
لإبارة بنسيفانيا وتوابعا

APPLICATION FOR ECCLESIASTICAL MARRIAGE PERMIT (EMP)

II. 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:	

III. 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:	

IV. FAMILY INFORMATION:

CHILDREN NAMES AND BIRTH DATES:

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

V. MARRIAGE INFORMATION:

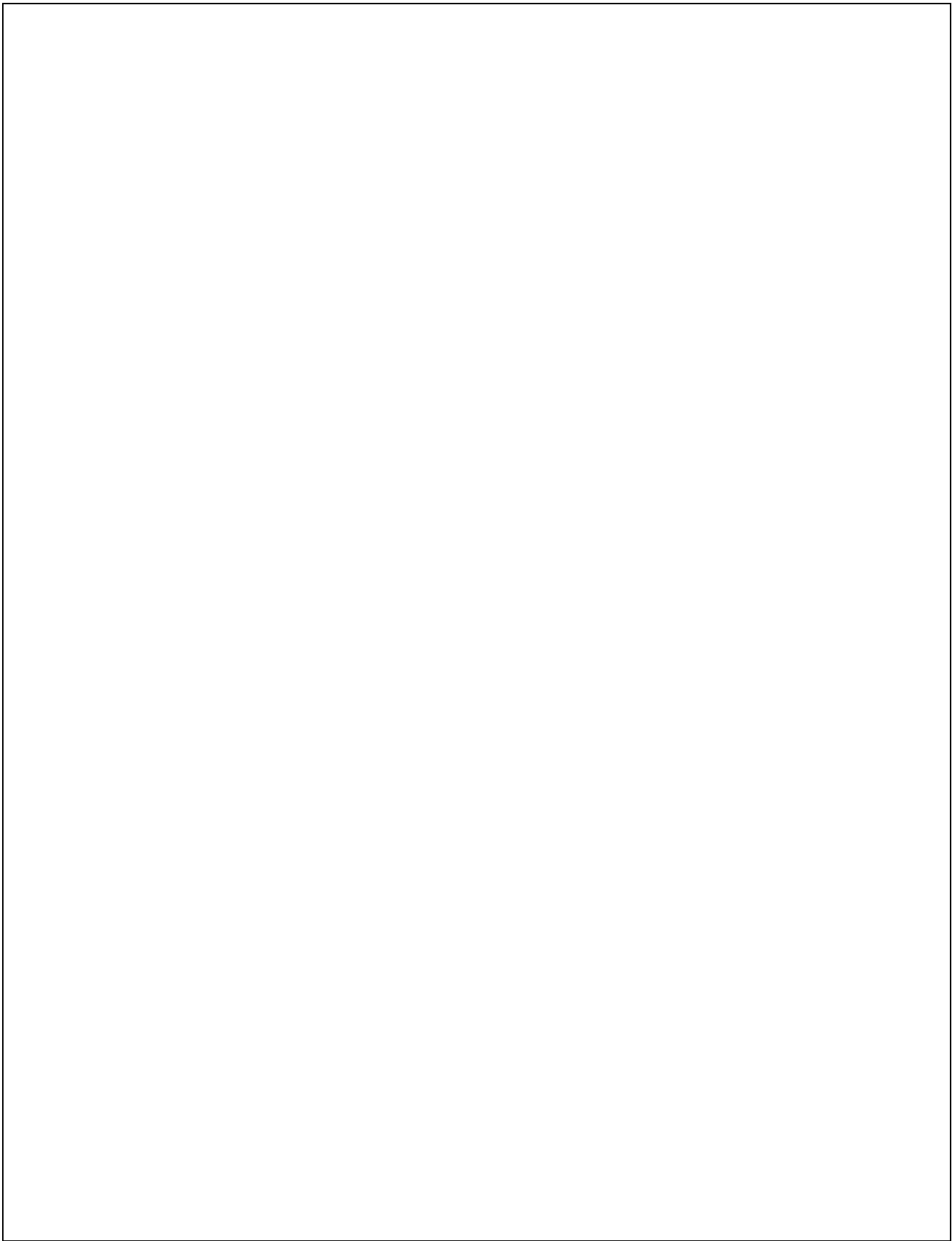
DATE OF CHURCH MARRIAGE: YYYYMMDD	
OFFICIATING PRIEST:	
CHURCH: NAME & LOCATION	

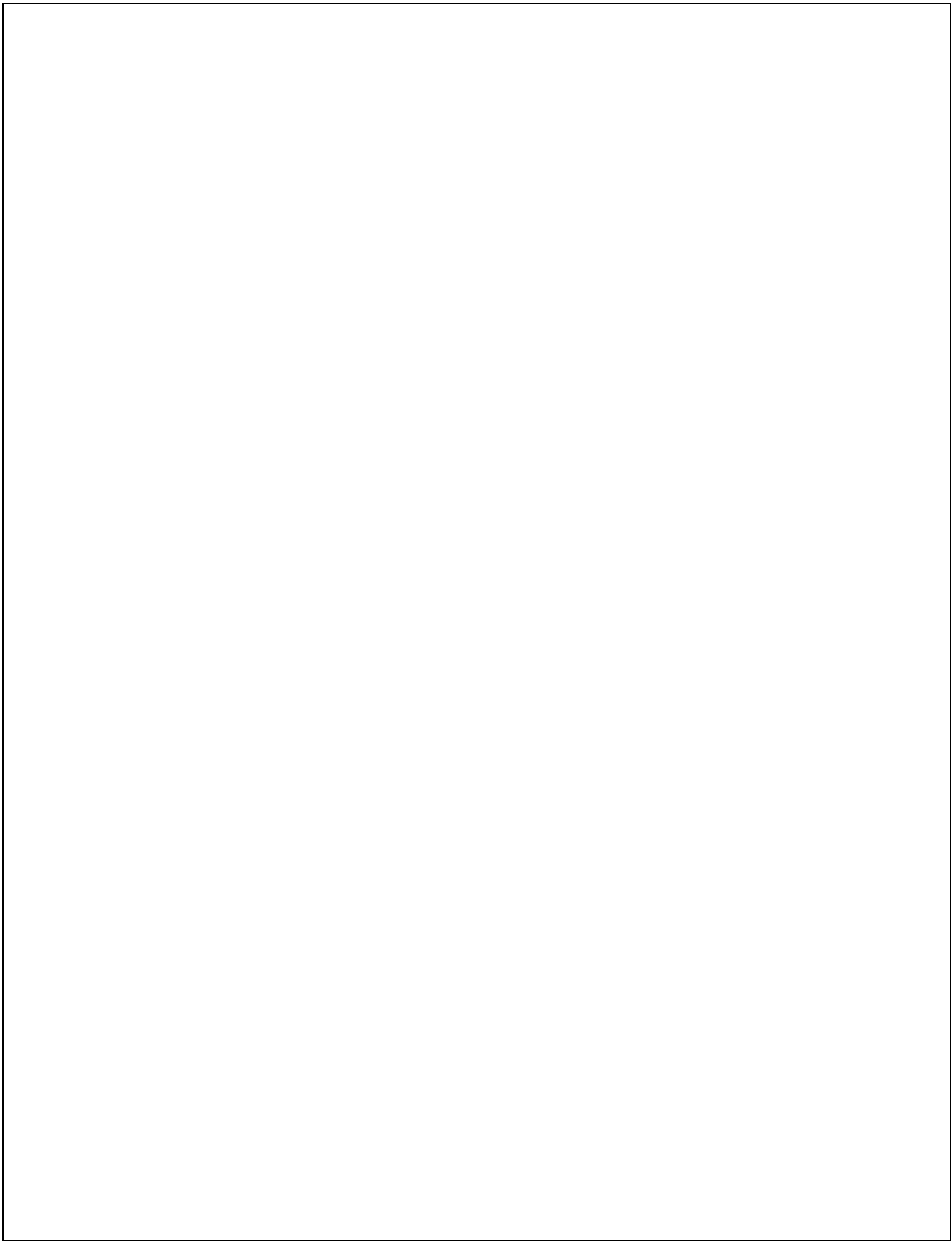
DATE OF SEPARATION: YYYYMMDD	
DATE OF CIVIL DIVORCE: YYYYMMDD	
NAME & PLACE OF COURT:	
PRIESTS INVOLVED IN MARITAL CONCILIATION OR COUNSELLING:	

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

VI. 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)





VII. 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
- A RECENT PHOTOGRAPH OF THE APPLICANT
- A RECENT PHOTOGRAPH OF THE SPOUSE

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

DOCUMENT NUMBER	DOCUMENT NAME	DOCUMENT DESCRIPTION
1		
2		
3		
4		
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VIII. DECLARATION:

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

APPLICANT NAME

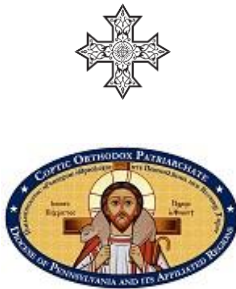
APPLICANT SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE





XI. Appendix – Checklist

The checklist is one of the forms you will need to mail with your application. Make sure you print the checklist and attach the completed checklist to your application.

- Check (✓) each applicable item on the checklist and attach the checklist to your documents.
- Place all the documents in a sealed envelope. Do not send originals of any documents except for the completed application form. If you are unable to provide any of the requested documentation for special reasons, attach a written explanation as to why each document is unavailable.
- Please note that your application will not be studied until the CCFFPA receives the “Report of the Counselling Priest” from the priest.
- Incomplete applications or missing/partial fees may also result in delay of processing the case.

Mail the complete application package by regular mail to the CCFFPA address:

Clerical Council for Family Affairs – PA Local District
PO Box 387
Conshohocken, PA 19428
USA

I	Counseling Priest Report Handed the “Counseling Priest Report” form to the Priest	()
II	Applicant Information Completed	()
III	Spouse Information Completed	()
IV	Children Information Completed (if any)	()
V	Marriage & Divorce Information	()
VI	Case Summary Filled out and/or Attached separate document	()
VII	Supporting Documents & Certificates – Page 7 - Civil Marriage Certificate - Church Marriage Certificate - Civil Divorce Decree - All Other Documents and/Evidence	() () () ()
	 Photograph of Applicant	()
	 Photograph of Spouse	()
VIII	Declaration of Veracity – Page 8 Signed and Dated Witness signed and dated	() ()
IX	Authorization, Release and Waiver – Page 9 Signed and Dated Witness signed and dated	() ()
X	Prepared the Application Fees of \$100.00 USD (cash or check)	()