

# WEDDINGS AT ST PETER'S - APPLICATION FORM



The Minister of the Parish is

**The Reverend Rachel Hawes, Associate Rector.**

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|  | MAN | WOMAN |
|--|-----|-------|
| Full name  |     |       |
| Address  |     |       |
| How long have you lived at this address?   |     |       |
| Mobile   |     |       |
| Email  |     |       |
| Proposed date & time of wedding  |     |       |
| Date of birth  |     |       |
| Age at wedding date  |     |       |
| Occupation   |     |       |
| Father's full name & occupation  |     |       |
| Mother's full name & occupation  |     |       |
| Have you been married before?  |     |       |
| If you have been married before, how did the marriage end (eg death, divorce)?<br><i>If you have divorced, please supply a copy of your decree absolute.</i> |     |       |
| Have you ever entered into a civil partnership?  |     |       |
| Are you related or connected to each other by marriage?  |     |       |
| Nationality<br><i>Please supply a copy of your passport.</i>   |     |       |
| Have you been baptised? If so where?   |     |       |
| Which Qualifying Connection are you relying on?  |     |       |
| What is your Parish Church?  |     |       |