WEDDINGS AT ST PETER’S: APPLICATION FORM

The Minister of the Parish is The Reverend Rachel Hawes, Associate Rector. M: 07768875590 E: rachel.hawes@outlook.com

Date of Interview:

|  |  |  |
| --- | --- | --- |
|  | 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)?*If you have divorced, please supply a copy of your decree absolute.* |  |  |
| Have you ever entered into a civil partnership? |  |  |
| Are you related or connected to each other by marriage? |  |  |
| Nationality*Please supply a copy of your passport.* |  |  |
| Have you been baptised? If so where? |  |  |
| Which Qualifying Connection are you relying on? |  |  |
| What is your Parish Church? |  |  |
| Proposed witnesses to the marriage. |  |  |