

BANNS OF MARRIAGE APPLICATION

PLEASE READ CAREFULLY

This form may be completed by one of the partners on behalf of both.

Only the sections marked * need to be completed if the marriage is to take place in another Parish.

MALE	FEMALE
2.* Full Name	2.* Full Name
3. *Age at proposed date of wedding	3. *Age at proposed date of wedding
4. *Status (delete as applicable) Single, Widower, Divorced	4. *Status (delete as applicable) Single, Widow, Divorced
5. Rank, Profession or occupation	5. Rank, Profession or occupation
6. *Contact information at time of publishing banns Address Telephone Number Mobile Telephone Number Email address	6. *Contact information at time of publishing banns Address Telephone Number Mobile Telephone Number Email address
7. Father's full name (if deceased add deceased after name)	7. Father's full name (if deceased add deceased after name)
8. Father's rank, profession or occupation	8. Father's rank, profession or occupation
9. Nationality	9. Nationality
10. Date of birth	10. Date of birth
11. Have you been previously married/registered a civil partnership?	11. Have you been previously married/registered a civil partnership?
12. If so, was the previous marriage/civil partnership terminated by death?	12. If so, was the previous marriage/civil partnership terminated by death?
13. Have you been baptized? If so, where?	13. Have you been baptized? If so, where?
14. *Since when have you lived at the address in 6 above?	14. *Since when have you lived at the address in 6 above?
15. *Which is your parish church?	15. *Which is your parish church?
16. Are you related, or connected by marriage? If so, how?	16. Are you related, or connected by marriage? If so, how?
17. *At what church do you wish to be married?	17. *At what church do you wish to be married?

18.*On what date? Time?	18. *On what date? Time?
I hereby certify that to the best of my belief the answers to the above questions are correct.	I hereby certify that to the best of my belief the answers to the above questions are correct.
Signature Date:	Signature Date:
Future address if different from above.	Future address if different from above.

<p>Clergy Use: <input type="checkbox"/></p> <p>Passport copied <input type="checkbox"/> date:</p> <p>British Citizen <input type="checkbox"/></p> <p>Foreign Nationals <input type="checkbox"/> referred to marriage surrogate <input type="checkbox"/></p> <p>Proof of address <input type="checkbox"/></p> <p>Deposit <input type="checkbox"/> paid on:</p> <p>Fees <input type="checkbox"/> paid on:</p> <p>Verger <input type="checkbox"/></p> <p>Organist <input checked="" type="checkbox"/></p> <p>Choir <input type="checkbox"/></p> <p>Bells <input type="checkbox"/></p> <p>CD <input type="checkbox"/></p> <p>Flowers <input type="checkbox"/></p>	<p>Dates for publication of Banns :</p> <p>1.</p> <p>2.</p> <p>3.</p>
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