

Application for a Marriage at St. Giles Church, Exhall

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

1 Full Name (block capitals)	2 Age at date of wedding	3 Condition (strike out what does not apply)	4 Occupation	5 Correspondence Address	6 Address for the publishing of banns prior to wedding	7 Father's full name (if deceased add deceased)	8 Father's occupation
(Man)		Single Widower Prev. marr. dissolved Surviving c'partner Prev. c/p dissolved					
(Woman)		Single Widow Prev. marr. dissolved Surviving c'partner Prev. c/p dissolved					
9 Nationality	10 Date of birth	11 Have you been previously married		12 If so, was the previous marriage terminated by death?	13 Since when have you lived at the address in 6 above?	14 Which is your Parish Church?	15 Are you related or connected by marriage? If so, how?
(Man)							
(Woman)							
	<u>Date & time of wedding</u>			*I hereby certify that to the best of my belief the answers to the above questions are correct. Signature Signature Date			<u>DATE FOR PUBLISHING BANNES</u>
<u>BOOKING FEE</u>	<u>CHURCH ARRANGEMENTS</u>						
	Choir	YES / NO					
	Bells	YES / NO					