

## Application for a SERVICE OF BLESSING at St. Giles Church, Exhall

Full Name (block capitals)	Correspondence Address (including Post Code & Telephone No.)	Church / Registry Office where married	Children	Length of Marriage
(Man)				
(Woman)				
Date of Marriage	Nature of service Required	Additional Information		
	<b><u>Date &amp; time of Blessing</u></b>	*I hereby certify that to the best of my belief the answers to the above questions are correct.  Signature .....		
<b><u>BOOKING FEE</u></b>	<b><u>CHURCH ARRANGEMENTS</u></b> Choir                      YES / NO Bells                        YES / NO		Signature .....  Date .....	