

MARRIAGE REQUEST FORM

Please print

Date of Application _____

GROOM

Surname _____ Given Name(s) _____

Date of Birth _____

Telephone: Home _____ Work _____

Address _____

City _____ State _____ Postcode _____

Email address _____

BRIDE

Surname _____ Given Name(s) _____

Date of Birth _____

Telephone: Home _____ Work _____

Address _____

City _____ State _____ Postcode _____

Email address _____

WEDDING DETAILS

Date _____ Time _____

Place _____

Celebrant _____

Previously Married Y/N If yes give details _____

Children's first names and year of birth

1) _____ 3) _____

2) _____ 4) _____