



Wedding Application

PLEASE COMPLETE THIS FORM IN CAPITALS & RETURN TO THE ADDRESS BELOW

Your chosen wedding date
Your chosen Church

TIME DAY DATE MONTH YEAR
St John the Baptist, Peasedown St John.

MAN

WOMAN

Your full first names

.....

.....

Your surname

.....

.....

Your age on your wedding day

.....

.....

Your marital state (please circle one)

No previous marriage or Civil Partnership

No previous marriage or Civil Partnership

Divorced

Divorced

Previous civil partnership dissolved

Previous civil partnership dissolved

Previous civil partnership annulled

Previous civil partnership annulled

Widowed

Widowed

Surviving civil partner

Surviving civil partner

Your profession

.....

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Your full address

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.....

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Your father's full name

.....

.....

Your father's occupation

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(state if 'retired' or 'deceased')

Your nationality

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.....

Your parish church

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Your telephone number

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Your e-mail address

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I hereby certify that to the best of my belief the answers to the above questions are correct, that I know of no reason in law why I may not marry, and that I am willing to participate in the Marriage Preparation.

Your Signature

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Please return this form to: St J's Group Office, 7 Hazel Way, Bath, BA2 2DX / hywel_carr@me.com / 07881 921018