|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name:** | **Age (at proposed date of marriage):** | **Condition - single, widower, previous marriage dissolved:** | **Rank, Profession, Occupation:** | **Address, phone number:** | **Father’s full name: (state if deceased)** | **Father’s Rank, Profession or Occupation:** | **Mother’s full name: (state if deceased)** | **Mother’s Rank, Profession or Occupation:** |
| **Groom:** |  |  |  |  |  |  |  |  |
| **Bride:** |  |  |  |  |  |  |  |  |
| **Nationality:** | **Date of Birth:** | **Have you been previously married?** | **If yes, is your previous spouse living?** | **Have you been baptised? If yes, where?** | **Since when have you lived at the above address?** | **Which is your Church of England parish church?** |
| **Groom:** |  |  |  |  |  |  |
| **Bride:** |  |  |  |  |  |  |
| **Are you related or connected by marriage? If so, how?** | **At which church do you wish to be married?** | **On what date?** | **At what time?** | **I declare that the answers on this form are correct to the best of my knowledge.****Groom Signature:****Bridge Signature:****Date:** |
|  |  |  |  |
|  | **Address after the wedding:** |