



APPLICATION FOR MARRIAGE BLESSING



DAY		DATE		TIME	
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	Full Christian Names and surname	Age at wedding	Marital Status	Occupation	Residential address at time of marriage	Father's name and surname	Occupation of father
GROOM			<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed			Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
BRIDE			<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed			Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Home Parish	Date of birth	Nationality	Email address	Home phone and mobile	Place of Baptism/ Confirmation if applicable	
GROOM						Baptised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
BRIDE						Baptised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current residential address if different from above	GROOM	BRIDE

DECLARATION We certify that to the best of our belief the information that we provided above is true.

SIGNATURE OF BRIDEGROOM TO BE	SIGNATURE OF BRIDE TO BE	DATE