Hartland Coast Mission Community

WEDDING ENQUIRY FORM

| Choice of Church if available: | | |
|---|-----------------|-------|
| Qualifying Connection: | | |
| Preferred Wedding date | Preferred time: | |
| possible alternative, if above no | ot available | |
| | GROOM | BRIDE |
| First Name(s) | | |
| Surname | | |
| Address | | |
| Phone number | | |
| Home Parish Church | | |
| Email | | |
| Date of birth | | |
| Occupation | | |
| Previous marriages or | | |
| Civil Partnerships | | |
| Nationality — you will need to produce your birth certificate or a current passport | | |
| Are you related to one another? | If so, how? | |
| Do you have any children? If so, please give their names and ages. | | |
| | | |
| | for office use | |
| Date of enquiry | | |
| Response | | |
| sent | | |