|  |  |
| --- | --- |
| A black background with white text  Description automatically generated with low confidenceCombe + Hamstead Marshall + Inkpen + Kintbury (with Avington) + West WoodhayEmail: wbb.office.contact@gmail.com Tel: 07359327072**Wedding Service & Banns Information Form** | **For office use only**Deposit Invoice No:Balance Invoice No: |

|  |  |  |
| --- | --- | --- |
| **Date of Wedding:** | **Church:** | **Preferred time:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please complete all sections*  |  | **Bride’s Details** |  | **Groom’s Details** |
| **Full name:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Current Address:** |  |  |  |  |
| **At this address since:** |  |  |  |  |
| **Telephone:** |  |  |  |  |
| **Email:** (if applicable) |  |  |  |  |
| **Occupation:** |  |  |  |  |
| **Qualifying Connection:** (Note 1 overleaf) |  |  |  |  |
| **Home Parish Church:** (Note 2) |  |  |  |  |
| **Nationality:** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Bride’s Details** |  | **Groom’s Details** |
| **Have you been married before?** | **Yes** | **/** | **No** |  | **Have you been married before?** | **Yes** | **/** | **No** |  |
|  **- Is your previous spouse still living?** | **Yes** | **/** | **No** |  |  **- Is your previous spouse still living?** | **Yes** | **/** | **No** |  |
| **Have you ever been in a civil partnership?** | **Yes** | **/** | **No** |  | **Have you ever been in a civil partnership?** | **Yes** | **/** | **No** |  |
| **Are you related or connected by marriage?** | **Yes** | **/** | **No** |  | **Are you related or connected by marriage?** | **Yes** | **/** | **No** |  |

*This form continues overleaf. Please complete both sides.*

*Please complete all sections as appropriate.*

|  |  |  |
| --- | --- | --- |
| **Bride’s Father** |  | **Groom’s Father** |
| Full name: |  |  | Full name: |  |
| Occupation: |  |  | Occupation: |  |
| Deceased? |  | **Yes** | **/** | **No**  |  | Deceased? |  | **Yes** | **/** | **No** |
| **Bride’s Mother** |  | **Groom’s Mother** |
| Full name: |  |  | Full name: |  |
| Occupation: |  |  | Occupation: |  |
| Deceased? |  | **Yes** | **/** | **No**  |  | Deceased? |  | **Yes** | **/** | **No** |
| **Bride’s Additional Parent** (if applicable) |  | **Groom’s Additional Parent** (if applicable) |
| Full name: |  |  | Full name: |  |
| Occupation: |  |  | Occupation: |  |
| Deceased? |  | **Yes** | **/** | **No**  |  | Deceased? |  | **Yes** | **/** | **No** |
| **Bride’s Additional Parent** (if applicable) |  | **Groom’s Additional Parent** (if applicable) |
| Full name: |  |  | Full name: |  |
| Occupation: |  |  | Occupation: |  |
| Deceased? |  | **Yes** | **/** | **No**  |  | Deceased? |  | **Yes** | **/** | **No** |

*Organist and bells are arranged separately with the church, but please indicate your requirement below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organist:** | Yes / No | **Bells:** | Yes / No |

|  |  |
| --- | --- |
| **Verger:** | Yes / No |

 *This form is a legal document. Please sign below using your normal signatures before returning.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Bride** |  |  | **Signature of Groom** |  |

|  |  |
| --- | --- |
| **Notes:** | 1. **Qualifying connection to parish. That one of you:** has at any time lived in the parish for a period of at least 6 months **or** was baptised in the parish concerned **or** was prepared for confirmation in the parish **or** has at any time regularly gone to normal church services in the parish church for a period of at least 6 months **or that one of your parents, at any time after you were born:** has lived in the parish for a period of at least 6 months **or** has regularly gone to normal church services in the parish church for a period of at least 6 months **or that one of your parents or grandparents:** was married in the parish. If you cannot demonstrate any of the above connections, we want to help you explore whether it may still be possible for you to marry in your special church.
2. **Marriage Banns.**  **If either of you** lives outside of the Walbury Beacon Benefice you will also need to have the banns read in your home parish church. Please contact your home parish church to arrange this.
 |
| **Further Information** is available at [www.yourchurchwedding.org](http://www.yourchurchwedding.org) |
| **For Office Use Only** | **Reading of Banns** – Parish/Date (Walbury Beacon Benefice and Home Parish if applicable) |
| Date of Initial Meeting: |  | / |  | / |  | / |  |
| Date of Rehearsal: |  | / |  | / |  | / |  |