## THE CHURCH BANNS OF MARRIAGE APPLICATION

## Bridport Team Ministry – www.bridport-team-ministry.org – Tel: 01308 424747

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One person on behalf of both may complete this form.  If the marriage is to take place in another parish, and		3 Age (at date of wedding)	4 Condition (Please tick)	5 Rank, profession or occupation			<b>7</b> Father's full name (if deceased, add "deceased")	8 Father's rank, profession or occupation
(Man)			Single Yes					
(Woman)			Single  Yes					
9 Nationality		10 Date of Birth	11 Have you been previously married?	If so, was the previous marriage terminated by death?	so, was the previous Have you been baptised? narriage terminated If so, where?		14 Since when have you lived at the address in 6 above?	15 Which is your Parish church?
, ,								
(woman)								
16 Are you related, or connected by marriage? If so, how?		17 At which church do you wish to be married?		18 On what date?	19 At what time?		We certify that to the best of our belief the answers to the above questions are true and complete.	
(Both)							Signed	
Please tick which	of the following yo	ou will require at y	our wedding. Please no	ote: Only Holy Trinity Bra	dpole & St Mary	s, South Street, Bridpo	ort have bells.	
Organist	Choir	After only	Yes	Will you have a Best Man?  Yes	Number of Bridesmaids	Total Amount of Wedd	Ing Date £100 Deposit Paid  Balance Due  ### Line	Date Balance Due Date Balance Paid
For clergy use: Dates for publication of BANNS		For clergy use: Who is taking the Wedding?		For clergy use: Future address			For clergy use: Other details	
	(Man)  (Woman)  (Woman)  (Woman)  (Woman)  1  Are you related, marriage?  (Both)  Please tick which  Organist	Full name (Block capitals)  (Man)  (Woman)  9 Nationality  (Man)  16 Are you related, or connected by marriage? If so, how?  (Both)  Please tick which of the following your connected by the	Full name (Block capitals)  (Man)  (Woman)  9 10 Date of Birth  (Man)  (Woman)  (Woman)  16 Are you related, or connected by marriage? If so, how?  (Both)  Please tick which of the following you will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at your selection of the following your will require at y	Full name (Block capitals)  (Man)  Single Yes	Full name (Block copitals)  (Man)  Single Yes	Full name (Block capitals)  (Man)  Single Yes	Full name (Block capitels)   (at date of wedding)   (Please tick)   Rank, profession or occupation   (at time of publishing banns)	Father's full name (Block cepitols)   General cells of weddings   General cells of General cells