

Castle Church - Stafford

Application for marriage at _____ Date of wedding: _____ Time: _____

(Please use block capital letters - and please remember that you **MUST** inform us if any of these details change between now and your wedding day)

Full Name	Age a time of wedding	Condition (delete as appropriate)	Occupation	Address at the time of the calling of the banns	Father's name	Father's occupation
BRIDEGROOM		Single Widower				
BRIDE		Single Widow				
	BRIDEGROOM		BRIDE		BRIDEGROOM	BRIDE
Nationality				How long have you lived at the above address?		
Date of birth				Your phone number		
Have you been married before?				Name of your parish church		
Are you baptised?				Your witnesses names:		
				Date:	Signed:	Signed: