

Wedding Booking Form



Please fill in BLOCK CAPITALS

Date of Wedding _____ Time _____ Full Marriage Service _____ Blessing of Marriage Service _____
 Date of Rehearsal _____ Time _____ Communion Service _____ Yes _____ No _____

BRIDE'S DETAILS

Bride's Full Name _____
 Residential Address _____
 Father's Name and Profession _____

Date of Birth _____
 Mobile Number _____
 CIVIL STATUS Single Divorced
 RELIGION Christian Muslim Other
 Buddhist Hindu
 BAPTISED Yes No
 CONFIRMED Yes No

Personal Details

GROOM'S DETAILS

Groom's Full Name _____
 Residential Address _____
 Father's Name and Profession _____

Date of Birth _____
 Mobile Number _____
 CIVIL STATUS Single Divorced
 RELIGION Christian Muslim Other
 Buddhist Hindu
 BAPTISED Yes No
 CONFIRMED Yes No

Church Affiliations

BRIDE

Name of your Parish Church _____
 Denomination _____

GROOM

Name of your Parish Church _____
 Denomination _____

Clergy person's Details

Please enter the Name of the Clergy person invited to conduct the following:

The Introduction _____ The Solemnization _____
 The Homily _____ The Altar Prayers _____
 The Eucharist _____

I hereby certify that the above information given is true and correct to the best of my knowledge. I understand that the content of this form cannot be changed unless agreed by both parties in writing and that providing false information will result in the immediate cancellation of this booking.

Signature of the Bride or Groom _____

ACCEPTED AND APPROVED BY:

 The Vicar of St. Michael and All Angels, Polwatte

OFFICE USE ONLY				
Payment: Rs.				
Receipt Number:				
Submitted Documents:	BRIDE		GROOM	
Letter of Introduction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Pink Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Baptismal Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Banns Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Special License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Marriage Counselling Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Date:	Received by:			