

For Official Use Only

Postal / Counter / Email

Person making notice: Party 1 / Party 2 / Other

Person paying: Party 1 / Party 2 / Other

Date notice rcd _____ by _____

Fee Paid £ _____ cash / chq / card

Paid Marriage Certificate Quantity _____

Civil CeremonyOn Calendar Daily Weddings If applicableCommittee Room booked with Reception **ADDITIONAL INFORMATION REQUIRED for MARRIAGES**Day and Date of MarriageTimePlace of Marriage

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Are the parties related to each other

Yes / No (please circle)

If yes please state how: relationship _____

Party 1 known as NameParty 2 known as Name

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Contact Numbers

Party 1	
Party 2	
Alternative Contact Name & Number In case the couple are unavailable	

Address after Marriage, if known

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Witness details: Anyone 16 years old and over who is present throughout the entire ceremony and witnesses must be able to fully converse in English

Name:	Name:
Address:	Address:
Postcode:	Postcode:

Religious Officiant or Humanist Details

Name:	Denomination:
Address:	
Telephone Number:	

Please Note (For Religious & Humanist Weddings Only)It is a legal requirement for the Schedule of Marriage Form to be collected **only by the couple** before the ceremony on the date specified by the Registrar. **There can be no exceptions.**

Please tick which option is applicable to your occupation:			
Party 1	TICK	Party 2	TICK
Employee		Employee	
Self Employed		Self Employed	
Unemployed		Unemployed	
Looking after house/family		Looking after house/family	
Permanently sick or disabled		Permanently sick or disabled	
Independent means		Independent means	
No previous Job		No previous job	
Student		Student	

Please tick which option is applicable to you:			
Party 1	TICK	Party 2	TICK
Supervisor		Supervisor	
Manager		Manager	
Employee		Employee	
No Employees		No Employees	
How many people work in your department			
1-24		1-24	
25-499		25-499	
500 +		500 +	

Ceremony Details (for Civil Registrar Ceremonies only)

Please note there will be no religious content permitted to a civil ceremony.

Readings, Poems and music are all subject to approval, please provide details no less than 1 week before the ceremony.

Number of guests invited: (must not exceed venue licence)	Number of rings to be exchanged: 1 OR 2
Name & relationship of person giving party 2 away (if applicable):	Who is holding the wedding rings: Option 1 OR 2 of ring vows (discuss with Registrar during your appointment)
Music Yes/No Is it Live Music <input type="checkbox"/> (singer, pianist, harpist etc) OR CD / Ipod etc <input type="checkbox"/>	
Readings or Poems Yes/No Name of Reader 1 _____ Name of Reader 2 _____	
Will there be a photographer Yes/No (please provide their name)	
Will there be a videographer Yes/No (please provide their name)	
Witnesses seated or standing throughout the ceremony?	
Any other Notes or requests?	