|  |
| --- |
| **For Official Use Only** Postal / Counter / Email **Person making notice**: Party 1 / Party 2 / Other  **Person paying**: Party 1 / Party 2 / Other Date notice received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fee Paid £ cash / chq / card Paid Marriage Certificate Quantity \_\_\_\_\_\_\_\_\_\_\_  Civil Ceremony  On Calendar Daily Weddings  If applicable  Room booked on Office Pass / Email to Room bookings Carrickfergus / Larne Reception |

**ADDITIONAL INFORMATION REQUIRED for MARRIAGES**

Religious and Humanist Weddings complete page 1 **ONLY**

**Day and Date of Marriage Time Place of Marriage**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Are the parties related to each other: Yes / No** *(please circle)*

*If yes please state how: relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Party 1** known as Name **Party 2** known as Name

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Alternative Contact Name & Number  In case the couple are unavailable |  |

**Address after Marriage,** *if known*

|  |
| --- |
|  |

**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** | | | | **Party 2** | | | |
| Employee |  | Permanently sick or disabled |  | Employee |  | Permanently sick or disabled |  |
| Self Employed |  | Independent means |  | Self Employed |  | Independent means |  |
| Unemployed |  | No previous Job |  | Unemployed |  | No previous Job |  |
| Looking after house/family |  | Student |  | Looking after house/family |  | Student |  |
| **Please tick which option is applicable to you** | | | | | | | |
| Supervisor |  | Employee |  | Supervisor |  | Employee |  |
| Manager |  | No Employees |  | Manager |  | No Employees |  |
| **How many people work for your employer in your workplace** | | | | | | | |
| 1-24 |  | 500 + |  | 1-24 |  | 500 + |  |
| 25-499 |  |  |  | 25-499 |  |  |  |

**Page 1**

**for Civil Registrar Ceremonies only**

**Confirmation of Wedding Day Details**

**NO RELIGIOUS CONTENT IS PERMITTED WITHIN A CIVIL CEREMONY**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of guests invited:  *(must not exceed venue licence)* | |  | |
| Couple Arriving: | | Separately Together *(Please circle)* | |
| Name & relationship of person giving party 2 away *(if applicable):* | |  | |
| **RINGS** | | | |
| Number of wedding rings to be exchanged: | | 1 **OR** 2 | |
| Who is holding the wedding rings: | |  | |
| Ring Vows: | | Option 1 *(long)* **OR** 2 *(short)*  *(discuss with Registrar during your appointment)* | |
| Writing Own Vows: | | Yes / No  (*if yes please enclose a copy)* | |
| **Music** | | | |
| Is there Live Music? Yes / No  Or CD /iphone etc Yes / No | | If live music please specify: Harpist/Singer/Pianist etc  If yes, who is operating?  Hotel/Venue or a Guest *(guests name)* | |
| Music Choices | | | |
| Walking up Aisle:  *Title & Artist* | Signing Marriage Schedule:  *Title & Artist* | | Walking back down the Aisle:  *Title & Artist* |
| Readings or Poems: | | Yes / No  Name of Reader 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Reader 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *please enclose a copy* | |
| **Please Note: Readings, Poems and Music are all subject to approval,**  **please ensure details are all submitted at least 1 week before the ceremony** | | | |
| Will there be a photographer: Yes / No *( please provide their name)* | | | |
| Will there be a videographer Yes / No *( please provide their name)* | | | |
| Number of attendants to walk up Aisle *i.e Bridesmaids/Flowergirls/Etc* | | | |
| Number of attendants at top of Aisle *i.e Bestmen/Groomsmen/Ushers/Etc* | | | |
| Witnesses/Bridal Party standing or seating during the ceremony? | | | |
| Any other notes or requests? | | | |

Registration Office, Mid and East Antrim Borough Council

Email: [registrar@midandeastantrim.gov.uk](mailto:registrar@midandeastantrim.gov.uk)

**Page 2** Tel: (028) 28 26 24 63