

| | | | |
|--|------------------------|---------------|---------------------------------|
| Marriage details St Michael & All Angels Church, Beaconsfield, Bucks If the marriage is to take place in another parish, you need only to complete the questions marked with * | Wedding details | | |
| | Wedding date and time* | Approx guests | Address & phone after marriage* |
| | | | |

| | | | | | | | |
|-------------------------------------|------------|-----------------|--------------------|------------|------------------------------------|--------------------|---------------------|
| Information for the register | | | | | | | |
| | Full name* | Age at wedding* | Status* | Occupation | Current address, postcode & phone* | Father's full name | Father's occupation |
| Man: | | | Single or Divorced | | | | |
| Woman: | | | Single or Divorced | | | | |

Full Name of Witness to sign register

Full Name of Witness to sign register

| | | | | | | | | |
|--------------------------------|-------------|---------------|-------------------------------|-----------------------|------------------------|--|------------------------------|-----------------------------|
| Any further information | | | | | | | | |
| | Nationality | Date of birth | Have you been married before? | When & where Baptized | When & where Confirmed | How long have you lived at the address above?* | What is your parish church?* | Are you related in any way? |
| Man: | | | | | | | | Yes No |
| Woman: | | | | | | | | |

| | | | | | |
|--|------------|-------|--|--|--|
| Declaration I do hereby certify that to the best of my belief the answers given on this form are correct | | | Contact points Contact tel no now Contact email now | | |
| | Signature* | Date* | | | |
| Man: | | | | | |
| Woman: | | | | | |