

The Parish Church of

St James Weybridge

Church Lane, Weybridge, Surrey, KT13 8DN

Telephone: 01932 856399

Charity No: 1130714. www.stjamesweybridge.org.uk Rector: The Revd. Father Damian Harrison-Miles, BTh.



PPLICATION FOR **□ MARRIAGE □** BLESSING

Please complete this form clearly	v. in black ink. Returi	n to The Parish Office. Thank you.	Date	£200 deposit paid:	1
Date of marriage:	Day of week:	and and office many you	Date	Parish/Location	Weybridge – St James
/ /				of marriage:	Weybridge – St James
, ,					
	GROOM		BRIDE		
Full Name:					
Include any middle names.					
Date of birth:					
Date of birth:					
Condition:					
Are you single, divorced, widow or civil partnership dissolved.					
Occupation:					
Please be descriptive.					
Residence at time of marriage:					
Your Address – if you move before the date of the wedding					
this information must be					
updated.					
Mother/Father/Parent name					
surname and occupation:					
This can include adoptive or					
stepparents if you would like					
them entered into the record.					
Your contact emails & phone numbers:	Email:			Email:	
	Contact Phone Nur	nber:		Contact Phone Nu	mber:
Full Names of witnesses:					
The legal minimum is two.					
☐ Please	e tick if vou wo	ould like to receive inforn	nation	about future	events/services.
eas	, o a w				
DECLARA	ATION W	e certify that to the b	est of	our belief t	the information we

have provided above is true. By signing this you confirm the information you have provided is true and accurate. We are required to check this against your documentation including passport, driving license and a recently addressed bill or pay slip.

SIGNATURE OF BRIDEGROOM TO BE	SIGNATURE OF BRIDE TO BE	DATE