Anglican Parish of Mitcham

18 Church Rd Mitcham SA 5062

Telephone 8373 3433

e-mail: office@mitchamanglican.org.au

Application for Marriage

(This is not a legal document and only applies to the Parish of Mitcham)

1. We ask that you confirm the arrangements for our wedding details below Date: (day/month/year) Day of the week Church or Location 2. The name and address of the ANGLICAN PRIEST you wish to conduct the ceremony (if other than Rector of Mitcham) Name: Telephone Number: Address: 3. Personal Details of Bride and Bridegroom **BRIDEGROOM BRIDE** Surname: Surname: **Christian Names: Christian Names:** Occupation: Occupation: Address: Address: Mobile: Mobile e-mail: e-mail: Church Denomination: Church Denomination: Baptised Yes / No Baptised Yes / No Confirmed Yes / No Confirmed Yes / No If you are living interstate, please give the name and address of a person living in Adelaide whom we can contact if necessary. Name: Address: Contact Number: Office use only Deposit Paid Yes / No Date: Fee Paid: Yes / No Date: Certificate ☐ Stat Dec ☐ Register ☐ Computer ☐ Roll

5. Please complete the following in BLOCK LETTERS

| BRIDEGROOM | BRIDE |
|--|--|
| Marriage STATUS: | Marriage STATUS: |
| ☐ Never Validly Married | ☐ Never Validly Married |
| ☐ Widower | □ Widower |
| divorcee | ☐ divorcee |
| Place of Birth: Suburb / City & Country | Place of Birth: Suburb / City & Country |
| Date of Birth: | Date of Birth: |
| If you were BORN OUTSIDE of Australia, what is your total period of residence in Australia: (years and Months) | If you were BORN OUTSIDE of Australia, what is your total period of residence in Australia: (years and Months) |
| FATHER'S NAME in full: | FATHER'S NAME in full: |
| MOTHER'S MAIDEN NAME in full: | MOTHER'S MAIDEN NAME in full: |
| Father's Country of Birth: | Father's Country of Birth: |
| Mother's Country of Birth: | Mother's Country of Birth: |
| 6. Arrangements for your wedding | |
| Do you intend to sing hymns? If so, which ones | If you intend to have a soloist or other form of music please give details: |
| 1 | give details. |
| 2 | |
| The number of groomsmen and number of bridesmaids | |
| Full name of witnesses | |
| BRIDEGROOM WITNESS | BRIDE WITNESS |
| | |
| 7. Contact address and phone number after marriage: | |
| 8. Please return this form to the Parish Priest, 18 Church Rd, Mitcham SA 5062 | |
| The receipt of this form by the Parish Priest does not indicate an acceptance of the application. Confirmation will be sent from the Parish Office. If in doubt, telephone the Parish Office – 8373 3433 | |
| Signed: | Signed: |
| Signed:(Bridegroom) | (Bride) |
| Date: | |
| | |