**BANNS OF MARRIAGE APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | **Age at proposed date of wedding** | **Single/ widow(er)** | **Rank, profession or occupation** | **Address at time of publishing banns** | **Fathers full name****If deceased state deceased** | **Father’s rank, profession or occupation** |
| Man:  |  |  |  |  |  |  |
| Woman: |  |  |  |  |  |  |
| **Nationality** | **Date of birth** | **Have you been married previously?** | **If so was the previous marriage terminated by death?** | **Have you been baptized?** **If so where?** | **Since when have you lived at the address stated?** | **Which is your parish Church?** |
| Man:  |  |  |   |  |  |  |
| Woman:  |  |  |  |  |  |  |
| **Are you related or connected by marriage. If so how?** | **At what Church do you wish to be married?** | **On what date?** | **At what time?** | **I hereby certify that to the best of my belief the answers to the above questions are correct:**Signature Signature  |
| Both:  |  |  |  |
| ***For use by Clergy:****Payment for Banns & Certificate received:**Dates for Publication of the Banns**1:**2:**3:* | **Future Address:** |