

Hartland Coast Mission Community

WEDDING ENQUIRY FORM

Choice of Church if available

Qualifying Connection

Preferred date of Wedding,
plus possible alternative

Preferred time of Wedding

	BRIDE	GROOM
First Name(s)		
Surname		
Address		
Phone number		
Email		
Date of birth		
Previous marriages or Civil Partnerships		
Nationality – current passport		
Are you related to one another? If so, how?		
Do you have any children? If yes, please give names and ages		

for office use

Date of enquiry

Deposit/invoice paid

Documents checked