

Marriage Application

Please return the completed form to:
The Reverend, The Rectory, 60 Inglis Street, Wilston, QLD, 4051
or via email priest-in-charge@stalbanswilston.org.au



BRIDE'S DETAILS

Surname: _____

Christian & other names: _____

Usual occupation: _____

Place of residence: _____

Conjugal status (ANY PREVIOUS MARRIAGES): _____

Place of birth: _____

Date of birth: _____

Father's full name: _____

Mother's full maiden name: _____

BRIDE'S SIGNATURE: _____

GROOM'S DETAILS

Surname: _____

Christian & other names: _____

Usual occupation: _____

Place of residence: _____

Conjugal status (ANY PREVIOUS MARRIAGES): _____

Place of birth: _____

Date of birth: _____

Father's full name: _____

Mother's full maiden name: _____

GROOM'S SIGNATURE: _____

CEREMONY DETAILS

Preferred date for wedding ceremony: _____

Preferred time for ceremony: _____

Witnesses to the marriage 1): _____

2): _____