



CHAPLAINCY OF AQUITAINE MARRIAGE SERVICE

(please type or print clearly)



Please return to Chaplaincy Administration:

Amy OWENSMITH – chapaq.office@gmail.com - +33 (0) 6 07 04 07 77

Upon receiving this form, we will send you an a link to register with our communication system called 'Chaplaincy Connect'. Your privacy is very important to us and we do not share your details with any other organisation. You can read more about our data protection policy on our website.

Please note: the civil wedding is required to take place before the religious wedding.

Place and date of Civil marriage:

RELIGIOUS WEDDING VENUE:

Day of the week and date:

TIME:

RECEPTION VENUE:

Christian name / surname (Man)

Date and place of birth (& Nationality)

Occupation

Have you been previously married?

Address
(inc phone, e-mail)

Parents' names

Christian name/ surname (Woman)

Date and place of birth (& Nationality)

Occupation

Have you been previously married?

Address
(inc phone, e-mail)

Parents' names

French address, tel no and e-mail
(*eg holiday home, parents' home*):

Please indicate approximately how many people you expect to attend the wedding: