

Parish of Cowbridge – Wedding Application

Date of Marriage	Time	
Church		
	1	2
Full Name		
Date of Birth		
Condition <i>(Single/Widowed/Previous marriage dissolved)</i>		
Occupation, rank or profession		
Residence at time of marriage <i>(including postcode)</i>		
Father's full name <i>(if deceased, add DECD)</i>		
Father's occupation		
Mother's full name <i>(if deceased, add DECD)</i>		
Mother's occupation		
Names of witnesses <i>(may be added later)</i>		

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	1	2
Are you related or connected by marriage? If so, how?		
Nationality		
Have you been baptised?	Yes No Not sure	Yes No Not sure
If so, where?		
What is the name of your Church in Wales or the Church of England parish church where you live?*		
I understand that I must arrange for my banns to be called in the above church.	Yes No Not Sure	Yes No Not sure
Telephone number		
Email address		
Future Address		
I certify that to the best of my belief, the answers to the above questions are correct		
Signatures		
Date		

*For the Church in Wales: [Find a church - The Church in Wales](#)

*For the Church of England: [A Church Near You | The Church of England](#)

Send this form to office@cowbridgeparish.com