



**STRICTLY CONFIDENTIAL
FAIRFIELD METHODIST CHURCH
WEDDING APPLICATION FORM**

DATE OF APPLICATION : _____
 DATE OF WEDDING : _____
 TIME OF WEDDING : _____
 VENUE OF WEDDING : _____

Photo of Groom	Photo of Bride
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FOR Solemnisation of Marriage
 Blessing of Marriage

OFFICIATING PASTOR : _____

PERSONAL PARTICULARS OF COUPLE

	GROOM	BRIDE
Name		
I/C or Passport Number		
Type		
Date of Birth		
Nationality		
Marital Status		
Address		
Contact Telephone Number		
Occupation		
Religion		
Church Membership		

5. *Attended/Attending/Have not attended Pre-Marital Course. Specify Church _____
 _____ Date: _____

6. Names of Witnesses (if Solemnisation):
 1. _____ Relationship: _____ I/C or Passport No: _____ Type : _____
 2. _____ Relationship: _____ I/C or Passport No: _____ Type : _____

7. Rehearsal: _____

8. Any other requests or necessary information: _____

9. We also acknowledge that Fairfield Methodist Church is collecting and using our personal data in this form for administration and communication purposes. We hereby consent to Fairfield Methodist Church collecting, using or disclosing our personal data for the purpose of contacting us via telephone/sending phone messages/email/mails relating to the above stated purposes.

Date

Signatures of Groom & Bride