

ROMAN CATHOLIC DIOCESE OF HEXHAM AND NEWCASTLE
ST. BENET BISCOP PARTNERSHIP

SACRAMENT OF MARRIAGE REQUEST FORM

Proposed Marriage Date

Bride's Name

Bride's date of Birth

Address

Post Code

Home Phone Number (see Note 1)

Mobile Number (see Note 1)

Email Address (see Note 1)

Religion

Date of Baptism

Name of the Church

Address of the Church

Groom's Name

Groom's date of Birth

Address

Post Code

Home Phone Number (see Note 1)

Mobile Number (see Note 1)

Email Address (see Note 1)

Religion

Date of Baptism

Name of the Church

Address of the Church

I / we agree that I / we will attend the Marriage Preparation Course Meetings and to attend weekly Mass.

Signed (Bride) Date.

Signed (Groom) Date

Please complete this Form and hand it to Fr. Manoj Joseph or send to the Parish Address or email address as shown below.

Office Record:	Request received
	Bride contacted.
	Groom contacted.
	Marriage Preparation Date.
	Certificate issued
	Marriage Register updated.