



APPLICATION FOR A MARRIAGE CERTIFICATE



PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Details of Marriage Certificate Requested

DATE OF MARRIAGE:	
NAME OF HUSBAND:	
NAME OF WIFE:	
MAIDEN NAME OF WIFE:	
PARISH / PLACE OF MARRIAGE:	

DETAILS OF PERSON APPLYING FOR MARRIAGE CERTIFICATE

Please include a color copy of your valid Identification and proof of payment.

RELATIONSHIP OF APPLICANT TO PERSON NAMED ABOVE:			
APPLICANT NAME:			
APPLICANT ADDRESS:			
	POSTCODE:		
TELEPHONE NO:			
E-MAIL ADDRESS:			
DATE OF APPLICATION:		TYPE OF ID:	
APPLICANT SIGNATURE:			

OFFICIAL USE ONLY:

<u>ABHCUK</u>		<u>CIVIL REGISTRY</u>	
Method of Payment:		Date of Application:	
Amount Paid:		Date of Completion:	
Signature:		Name and Signature of Clerk:	
Date Received:	Date Completed:		