

WEDDING ENQUIRY FORM

Llantrisant Ministry Area

Preferr	requested: ed date of wedding: ed time of service:		
Groom's details:		Bride's details:	
Full name		Full name	
Current address		Current address	
Phone		Phone	
Email		Email	
DOB		DOB	
Occupation		Occupation	
Have they been	Y	Have they been Married before?	
married before? Previous	partner is still living	Previous partner is still living	
Groom's Father		Bride's Father	
Occupation		Occupation	
Deceased?	Y	Deceased?	
Groom's Mother		Bride's Mother	
Occupation		Occupation	
Deceased?	Y	Deceased? Y N	



Connection to the parish:				