



MARRIAGE FORM

DATE OF RESERVATION:

TIME OF RESERVATION:

DETAILS OF COUPLE

	BRIDE	GROOM
SURNAME	<input type="text"/>	<input type="text"/>
FULL NAME(S)	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>
CONGREGATION	<input type="text"/>	<input type="text"/>
PHONE (HOME)	<input type="text"/>	<input type="text"/>
PHONE (WORK)	<input type="text"/>	<input type="text"/>
PHONE (CELL)	<input type="text"/>	<input type="text"/>
MARRIAGE OFFICER	<input type="text"/>	<input type="text"/>
ORGANIST	<input type="text"/>	<input type="text"/>

AMOUNT OWED (OFFICE USE)

DEPOSIT	<input type="text"/>
PREACHER	<input type="text"/>
CHURCH PERSONNEL	<input type="text"/>
CHURCH BUILDING	<input type="text"/>
ORGAN USE	<input type="text"/>

BY FILLING OUT THIS FORM, I HEREBY GIVE PERMISSION THAT MY PERSONAL INFORMATION IS STORED BY THE CHURCH, ACCORDING TO THE POPI ACT.