

## Whangarei Anglican Wedding Booking Form

Wedding Date:	_ Christ Church Nave	All Saints', Maungakaramea
Wedding Time:	_ Christ Church Chapel	Parish Hall
Minister: Parish Clergy Per	rson	
Own minister: N	ame:	
Denomination:	Phone:	
Email:		
	Groom's Details	Bride's Details
Surname		
Christian Names		
Occupation		
Address		
E-mail (please print clearly)		
Home Telephone		
Mobile/Work Telephone		
Have you been baptised?  Denomination		
Marital Status (i.e. never married/divorced/widowed)		
Signature		
Date		
Marriage Preparation: We was	vish to attend Marriage Preparation with a	Parish Clergyperson
☐ We	will undertake independent Marriage Prepa	ration.
Music: Organist or Sound System re	quired? Yes No Please state _	
	n receipt of this form and a \$200 (non refu ungaret" or electronically: ASB branch numb	,

Please return this form to: Whangarei Anglican Offices, 2B Kamo Road, Whangarei, 0112. Email: admin@whangareianglican.org.nz Phone: 09 437 6087

001 and reference "Wedding Deposit" and your name, and notify us by email that you have made the deposit.

A priest will contact you, or the minister who is taking your wedding, approximately 2 months before your wedding. We wish you every blessing for your wedding day.