

# WEDDING SERVICE APPLICATION FORM



## CONTACT DETAILS

### BRIDE

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Leaving Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Baptised (Yes/No): \_\_\_\_\_ Previously Married (Yes/No): \_\_\_\_\_

Of which church are you a member? (Anglican, Uniting, Roman Catholic, etc.)

\_\_\_\_\_

### GROOM

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Leaving Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Baptised (Yes/No): \_\_\_\_\_ Previously Married (Yes/No): \_\_\_\_\_

Of which church are you a member? (Anglican, Uniting, Roman Catholic, etc.)

\_\_\_\_\_

### POINT OF CONTACT

Please provide a contact person for all ceremony enquiries BRIDE/GROOM/OTHER

If the point of contact is not the bride or groom, please provide their contact details below.

Name: \_\_\_\_\_

Relationship to the Bride or Groom: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CEREMONY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## SERVICE DETAILS

### MARRIAGE SERVICE

Will the School Chaplain be officiating? (Yes/No): \_\_\_\_\_

If no, who will be the Anglican Celebrant? \_\_\_\_\_

Contact phone number: \_\_\_\_\_

### CEREMONY DETAILS AND REQUIREMENTS

Number of Guests attending: \_\_\_\_\_

Do you require wheelchair access? (Yes/No): \_\_\_\_\_

Do you require assistance with music? (Yes/No):  Organist  Soloist  Choir  Other

Do you require assistance with flowers? (Yes/No): \_\_\_\_\_

Do you require bells? (Yes/No): \_\_\_\_\_

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We declare that the information provided is true and correct.

Bride's Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Groom's Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### METHOD OF PAYMENT

Cost of \$750      Credit Card \* surcharge will apply  MasterCard       Visa

*(NB: This facility hire charge does not include the additional services of external Celebrant, Musicians, Florals, Bells etc.)*

Card Number:

Expiry date:   /

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

### CONFIRMATION OF BOOKING

This will occur following confirmation of availability of the Chapel for the date requested and finalisation of payment.

Please return the completed form to: [oldscholars@sthildas.wa.edu.au](mailto:oldscholars@sthildas.wa.edu.au) or St Hilda's Anglican School for Girls, P O Box 34, Mosman Park WA 6912. Should you have any further queries, please contact the Alumni Coordinator, Leonora Nye on (08) 9285 4100.