

# WEDDING SERVICE APPLICATION FORM



St Hilda's  
ANGLICAN SCHOOL FOR GIRLS

## 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

Who will be the Anglican Celebrant officiating? \_\_\_\_\_

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

### CEREMONY DETAILS AND REQUIREMENTS

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

Do you require wheelchair access? (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.