

LGBTQ+ Religious Marriage Ceremony

Please complete this form and return it with a non-refundable deposit to:-
Rabbi Guy Hall, 13 Falkland Avenue, London N3 1QR, United Kingdom.

SPOUSE

SPOUSE

FULL NAME:

HEBREW NAME:

ADDRESS:

TELEPHONE:

E-MAIL:

OCCUPATION:

RELIGION:

DETAILS OF CIVIL DIVORCE:

THE CIVIL CEREMONY

DATE:

TIME:

VENUE:

DETAILS OF THE RELIGIOUS CEREMONY

DATE:

TIME:

ADDRESS:

TELEPHONE:

WEDDING ORGANIZER

NAME:

EMAIL:

TELEPHONE:

SPOUSE

SPOUSE

FATHER'S NAME:

OCCUPATION:

MOTHE'S NAME:

OCCUPATION:

BROTHERS:

SISTERS:

CHILDREN:

BEST MAN:

USHERS:

BRIDESMAIDS:

PAGES:

PLEASE GIVE DETAILS OF ANY SYNAGOGUE MEMBERSHIP:

THE FULL FEE FOR THE CEREMONY WILL BE £PLUS TRAVELLING EXPENSES. A CHEQUE FOR THE NON-REFUNDABLE DEPOSIT SHOULD BE ENCLOSED, OR SENT ELECTRONICALLY FROM YOUR BANK.

WE DECLARE THAT ALL THE PARTICULARS SET OUT ABOVE IN THIS FORM ARE TRUE AND CORRECT IN ALL RESPECTS. WE AGREE TO ALL THE TERMS AND CONDITIONS OF THIS DOCUMENT.

Signed: (Spouse)

Date:

Signed: (Spouse)

Date: