## **Galway Cathedral**

Request for the Celebration of Marriage



Date & time:	at 12:30pm
GROOM	BRIDE
Name	Name
Address	Address
Dhone	Phone
Phone	Phone
Email	Email
Occupation	Occupation
Religion	Religion
Are you civilly married? Yes No (please circle)	Are you civilly married? Yes No (please circle)
Mother's name (with maiden name)	Mother's name (with maiden name)
Church of Baptism	Church of Baptism
Name	Name
Address	Address
BEST MAN	BRIDESMAID
Name	Name
Address	Address

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Future address			
	If different from the addresses a	bove.	
Officiating pries	t  Please refer to the civil requiren the officiating priest.	nents regarding	
Total number in	bridal party:		
	Please note that generally on th can be accommodated in the sa		d and best man
DECLARATIO	N OF FREEDOM TO MARRY		
booking, therefo	ore, is dependent upon your freedom t	to marry as a couple within t	Galway Cathedral. Confirmation of your the Church. If you are unsure about your st or one of the priests of the Cathedral.
GROOM		BRIDE	
I declare that I a Church.	am free to marry within the Catholic	I declare that Church.	I am free to marry within the Catholic
Name	Block capitals	_ Name	Block capitals
Signature _		_ Signature	
Date _		_ Date	
FURTHER DE	CLARATION		
We have read a video.	and agree to abide by Galway Cathedr	al's requirements regarding	punctuality, music, photography and
	that the date and time of our wedding nents have been met.	ceremony is not confirmed	until the specified fee has been paid
our marriage, a	the information provided above being and we understand that it will be discloss baptised, in the normal course of regis	sed to (i) the General Regist	
Name	Block capitals	_ Name	Block capitals
_			
Signature _		_ Signature	
Date _		_ Date	