

APPLICATION FOR SOLEMNIZATION OF A MARRIAGE

YEAR: PARTICULARS OF HUSBAND Identity/Passport No: Church Membership No: Baptized? Yes No Confirmed? Yes Nationality: Surname: _____ First Names: Mobile No: _____ Email: _____ Residential Address: Province: Postal Code: Place of Birth: Town/City: Province: Country: Highest education level: Occupation: Marital Status (prior to this marriage): Sinale Divorced Widower Widow If married before, please indicate whether it was: Customary: Civil: Full Names of Former Spouse: Date of Divorce: Name of the Court: If divorced: Place of Death: If widowed: Date of Death: Date of Birth: Full name: Details of children from previous marriage: Do you clearly understand that marriage by divine institution is a lifelong and exclusive partnership between one man and one woman, and that therefore the Church will not permit a person whose marriage has been dissolved by secular authority to enter into a second marriage during the lifetime of the partner to the first marriage (except in the particular circumstance laid down by the Canons of the Church of the Province of Southern Africa); and that divorced persons who remarry during the lifetime of the spouse of a former marriage; and those married to them, will be excluded from Holy Communion (unless the Bishop directs otherwise in terms of the Canons aforesaid)? Groom's Name: Signature:

PARTICULARS OF WIFE

Identity/Passport No:							
Church Membership No:	Baptized?	Yes	No	Confirme	ed? Yes	No	
Nationality:							
Surname:							
First Names:							
Mobile No:	Email:						
Residential Address:							
		P	rovince:		Postal C	ode:	
Place of Birth: Town/City: _		F	Province: _		Coun	try:	
Highest education level:		Occupa	ation:				
Marital Status (prior to this ma	rriage): Single	Divor	ced	Widower		Widow	
If married before, please indica	ate whether it was:	Customary:	Civil	:			
Full Names of Former Spouse	:						
If divorced: Date of Divorce	:	Name of t	he Court:				
If widowed: Date of Death:		Place of	Death:				
Details of Full name: _ children from previous _ marriage:				Date o	of Birth:		
Surname after marriage (bride):						
Residential Address after man							
		P	rovince:		Postal C	ode:	
Do you clearly understand that marriage by divine institution is a lifelong and exclusive partnership between one man and one woman, and that therefore the Church will not permit a person whose marriage has been dissolved by secular authority to enter into a second marriage during the lifetime of the partner to the first marriage (except in the particular circumstance laid down by the Canons of the Church of the Province of Southern Africa); and that divorced persons who remarry during the lifetime of the spouse of a former marriage; and those married to them, will be excluded from Holy Communion (unless the Bishop directs otherwise in terms of the Canons aforesaid)?							
Bride's Name:	Siç	gnature:			Date:		

PARTICULARS OF MARRIAGE SERVICE

Date of Solemnisation:			Time:			
Place of marriage: To	own/City:			Province:		
Reception Venue:						
	Date:					
Type of Marriage Cont	tract:					
WITNESS 1						
Identity/Passport No:						
Surname:	First Names:					
Residential Address:						
			e: Po	ostal Code:		
	–					
WITNESS 2						
Identity/Passport No:						
Surname:	First Names:					
Residential Address:						
		Province	e: Po	ostal Code:		
Mobile No:	Email:					

Please turn over for the list of documentation required.

Required Documentations:	
	Submitted
Certified copies of husband and wife IDs/Passports*	
Certified copies of witnesses' IDs/Passports*	
Proof of residence of the address you will leave at after the marriage.	
Certified copy of Decree of Divorce (if applicable)	
Certified copy of Death Certificate (if applicable)	
ANC Confirmation Certificate from Attorney (if applicable)	
Non-Marriage Certificate from Embassy/Consulate (if non South African)	
Confirmation letter of interview from SA Home Affairs (if one partner is non South African)	

FO	R OFFICE USE ONLY	
Date of application submission:		
MAR Sessions Attended:	RRIAGE PREPARATION	
Sessions Attended.		
Agape Meal:		
Mentor Name:	Priest:	
Rector's Marriage Solemnisation A	authorisation:	
Name	Signature	Date
Date of Home Affairs submission:		

^{*} The certified copies must not be older than 3 months from the date of marriage.