



Anglican Church - Diocese of Sydney

APPLICATION FOR REMARRIAGE OF DIVORCED PERSONS

This form is to be completed by the officiating minister
The intended bride and groom need to sign the consent section
Return to the Registrar's Office as soon as possible.

Officiating Minister

Phone

Church for Proposed Marriage

Date of Proposed Marriage

INTENDED GROOM

Full name _____ Date of birth _____

Address _____

INTENDED BRIDE

Full name _____ Date of Birth _____

Address _____

CONSENT OF INTENDED GROOM AND BRIDE

We give consent for the collection of the personal information in this completed form for the purposes of considering our application for marriage in the Anglican Church.

Signature of Intended Groom

Signature of Intended Bride

1. PROFILE OF INTENDED GROOM

How many times has the **Groom** been married? _____ (if none, go to Q. 3)

The previous marriage was dissolved (if more than one, please specify) by
divorce, consequent upon sexual infidelity on the part of the former wife
divorce, initiated by the former wife who did not profess Christian faith
divorce, where the former wife has since died
divorce, and the former wife has remarried, or lives in a defacto relationship
none of the above (give details)

Details of previous marriage(s) (no need to send copies)

Date of Marriage

Date of Divorce

(i.e. date of decree absolute)

Registration number of divorce certificate

(If not Family Court of Australia please specify)

2. CHILDREN OF PREVIOUS MARRIAGE(S)

Ages of any children under 18 years of age of the intended **Groom**

The children are in the custody or control of

Financial Provision for children (as specified by court order or special circumstances)

CHURCH ASSOCIATION

3. Particulars of any church association of the intended **Groom** are as follows.

4. I, the officiating minister have known or been acquainted with the intended **Groom** for years/months in the following circumstances.

5. PROFILE OF INTENDED BRIDE

How many times has the **Bride** been married? _____ (if none, go to Q. 7)

The previous marriage was dissolved (if more than one, please specify) by

divorce, consequent upon sexual infidelity on the part of the former husband

divorce, initiated by the former husband who did not profess Christian faith

divorce, where the former husband has since died

divorce, and the former husband has remarried, or lives in a defacto relationship

none of the above (give details)

Details of previous marriage(s) (no need to send copies)

Date of Marriage

Date of Divorce

(i.e. date of decree absolute)

Registration number of divorce certificate

(If not Family Court of Australia please specify)

6. CHILDREN OF PREVIOUS MARRIAGE(S)

Ages of any children under 18 years of age of the intended **Bride**

The children are in the custody or control of

Financial Provision for children (as specified by court order or special circumstances)

CHURCH ASSOCIATION

7. Particulars of any church association of the intended **Bride** are as follows.

8. I, the officiating minister, have known or been acquainted with the intended **Bride** for years/months in the following circumstances.

9. FURTHER COMMENTS BY OFFICIATING MINISTER

For privacy purposes please do not include any comments which identify another person other than the groom or bride.

10. PASTORAL DECLARATION BY OFFICIATING MINISTER

I believe that the proposed marriage is in accordance with the principles of Holy Scripture and that the attitude of neither party towards their previous marriage(s) causes any impediment to the proposed marriage.

I believe that a marriage in the Anglican Church is in the best pastoral interests of both parties involved and I believe that they do not wish to use the church merely for convenience or for social reasons. I am confident that they have a good understanding of the meaning of marriage as defined by Holy Scripture as a lifelong, exclusive commitment, and of the solemnity of making promises before God.

Officiating Minister's Signature: _____ Date: _____

Authorised Marriage Celebrants Number: _____

Office Use Only:

Approved _____ Date _____

The Rt Rev _____

***Please post once completed and fully signed to: Diocesan Registrar, PO Box Q190,
QVB Post Office NSW 1230 or scan and email to registrar@sydney.anglican.asn.au***