**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date & Initial  |  |
| Checked  |  |
| Scanned  |  |
| Sent to DSR  |  |
| Filed  |  |

**Please complete this form 8 weeks prior to your ceremony and email it to:** **ceremonies@westsussex.gov.uk**

Please ensure all music choices and reading choices are included before submitting this form.

|  |  |
| --- | --- |
| Date of Ceremony |  |
| Time of Ceremony  |  |
| Venue & Ceremony Room Name |  |
| Number of guests attending ceremony |  |

|  |
| --- |
| **Your information** |
|  | **Partner 1** | **Partner 2** |
| Full Name |  |  |
| Usually known as |  |  |
| Occupation  |  |  |
| Contact Address |  |  |
| Email |  |  |
| Telephone No  |  |  |
| Full Name |  |  |
| Usually known as |  |  |
| Occupation  |  |  |
| Contact Address |  |  |
| Email |  |  |
| Telephone No  |  |  |
| Would you like to make an entrance together?  |  |  |
| If entering separately, who will escort you? |  |  |
| Best Man/Woman’s Name |  |
| Number of Attendants |  |
| Name of first witness |  |
| Name of second witness |  |
| Number of rings |  |
| Name of Ring Bearer/s |  |

|  |  |  |
| --- | --- | --- |
| **Readings** (please attach copies) | Read By: | When: |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Music – what type of media will you use (select one)** |
| **Live** | **CD** | **MP3** | **USB/I-Pod/Mobile Phone** |

|  |  |
| --- | --- |
| **Places where music may be played** | **Title of Music & Artist**  |
| Entrance  |  |
| Signing of schedule |  |
| Exit |  |

|  |
| --- |
| **Photographs & Video during the ceremony** |
| Will you have a nominated photographer?  |  |
| Will there be a video recording? |  |
| Would you be happy to share your photos with us (to be used for our promotional purposes only, this could include social media)? |  |
| **Any other additions, extra vows etc** |  |

**Any changes can be made with your Registrar a couple of days before the ceremony or on the day.**