

APPLICATION TO HOLD MARRIAGE

To: The Secretary, Oxford Synagogue Centre.
P.O. Box 87406
Houghton 2041

We hereby make application for our marriage to be solemnised at your Synagogue

Name of Groom:

Name of Bride:

Are any of the following currently members of Oxford Shul?

Groom Groom's parents Bride Bride's parents

Day and Date of Marriage:

Time of Marriage:

Venue of Chupah Main Shul Small Shul Garden

Other:

Venue of Wedding Reception:

Name of Caterer:

Please note that the Reception must be Kosher under Beth Din supervision

Postal address (for correspondence):

.....

.....

Address after Marriage:

.....

.....

We confirm that the above details, as well as our attached personal details, are correct. We agree that we will forthwith notify the Synagogue of any changes.

We have read the booklet 'Getting Married at Oxford' and agree to the conditions set out therein.

Date:

Signature of Groom:

Signature of Bride:

DETAILS OF GROOM

Surname:

First Name(s) in full:

Full Hebrew name:

Are you a Cohen, Levi or Yisrael?

Date & place of Birth:

ID number:

Please attach copy of ID Book. If you do not have a SA ID number, you will need to sign a special affidavit.

Occupation:

Address:.....

.....

Home telephone:

Work telephone:.....

Cellular telephone:

Email:

Name of Father:

Hebrew Name of Father:

Is Father still living?

Name of Mother:

Hebrew Name of Mother:

Is Mother still living?

Date and Place where married:

Do you have any brothers by the same father? If yes, how many?

Are you the natural child of your parents?

Were you or either of your parents converted to Judaism?

Where you ever married before?

If yes, please provide copy of Death Certificate or Divorce Certificate (Civil) in respect of former spouse.

Are you related to the bride?

If yes, indicate how:

DETAILS OF BRIDE

Surname:

First Name(s) in full:

Maiden name (if this is not first marriage):

Full Hebrew name:

Date & place of Birth:

ID number:

Please attach copy of ID Book. If you do not have a SA ID number, you will need to sign a special affidavit.

Occupation:

Address:.....

.....

Home telephone:

Work telephone:.....

Cellular telephone:

Email:

Name of Father:

Hebrew Name of Father:

Is Father a Cohen, Levi or Yisrael?

Is Father still living?

Name of Mother:

Hebrew Name of Mother:

Is Mother still living?

Date and Place where married:

Are you the natural child of your parents?

Were you or either of your parents converted to Judaism?

Where you ever married before?

If yes, please provide copy of Death Certificate or Divorce Certificate (Civil) in respect of former spouse.

Are you related to the groom?

If yes, indicate how:

SHUL FEES DUE FOR MARRIAGE

- | | | |
|---|--------|--|
| <input type="checkbox"/> Basic Marriage Fee | R 2200 | <i>This fee covers the use of the Shul and all its facilities, including the services of the rabbi, chazzan and shammass</i> |
| <input type="checkbox"/> Choir Charge | R 2000 | <i>This additional charge is to cover the choir, choirmaster and accompanist</i> |
| <input type="checkbox"/> Garden Use Fee | R 1500 | <i>You will have to pay this fee if you want to hold your ceremony in the Shul's garden</i> |
| <input type="checkbox"/> Non-Member Surcharge | R 500 | <i>This surcharge is waived if the groom, bride or the parents of either are members of Oxford</i> |

Total _____

**A deposit of 50% of the fee is payable upon application.
Balance must be paid before the wedding.**

Direct Deposits can be made into the following account:
OXFORD SYNAGOGUE IMPREST ACCOUNT 1958284971
NEDBANK ROSEBANK (Branch Code 19-58-05)
Please fax proof of payment to 011-486-2214

Payment may also be made via Credit Card.

FOR OFFICE USE

Application received:

Deposit paid:

Balance paid:

Beth Din authorisation received: