

# Event Request



In order to celebrate your Wedding or Renewal of Vows ceremony, please fill in the following form to register your request. Once the form has been completed, you will receive a reservation No. as reference. The fields marked with \* must be completed.

## General Information

Hotel: \_\_\_\_\_

Check- In\*: \_\_\_\_\_

Check- Out\*: \_\_\_\_\_

Event you wish to book\*  Weddings  Renewal of Vows

Number of guests\*: \_\_\_\_\_

You are:  Bride  Groom

Phone No.\*: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Dates and Hours requested\*: 1) \_\_\_\_\_

Alternative Date: 2) \_\_\_\_\_

Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Bride Information

First and Middle Name\*: \_\_\_\_\_

Surname\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Place of Birth\*: \_\_\_\_\_

Civil Registry: \_\_\_\_\_

Volume: \_\_\_\_\_

Page: \_\_\_\_\_

Personal Identity No.\*: \_\_\_\_\_

Visa No.\*: \_\_\_\_\_

Father's Full Name\*: \_\_\_\_\_

Mother's Full Name\*: \_\_\_\_\_

Marital Status\*      \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow (Widower)

Prior marriages\*    \_\_\_ No \_\_\_ Yes How many? \* \_\_\_\_\_

Occupation\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

Education Level\*: \_\_\_\_\_

Citizenship: \_\_\_\_\_

### **Groom Information**

First and Middle Name\*: \_\_\_\_\_

Surname\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Place of Birth\*: \_\_\_\_\_

Civil Registry: \_\_\_\_\_

Volume: \_\_\_\_\_

Page: \_\_\_\_\_

Personal Identity No.\*: \_\_\_\_\_

Visa No.\*: \_\_\_\_\_

Father's Full Name\*: \_\_\_\_\_

Mother's Full Name\*: \_\_\_\_\_

Marital Status\*      \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow (Widower)

Prior marriages\*    \_\_\_ No \_\_\_ Yes How many? \* \_\_\_\_\_

Occupation\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

Education Level\*: \_\_\_\_\_

Citizenship: \_\_\_\_\_

### **Witness 1**

(The witness cannot be a family member)

First and Middle Name\*: \_\_\_\_\_

Surname\*: \_\_\_\_\_  
Date of Birth\*: \_\_\_\_\_  
Place of Birth\*: \_\_\_\_\_  
Personal Identity No.\*: \_\_\_\_\_  
Visa No.\*: \_\_\_\_\_  
Marital Status\*      \_\_ Single \_\_ Married \_\_ Divorced \_\_ Widow (Widower)  
Occupation\*: \_\_\_\_\_  
Home Address\*: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Check- In\*: \_\_\_\_\_  
Check- Out\*: \_\_\_\_\_

## **Witness 2**

(The witness cannot be a family member)

First and Middle Name\*: \_\_\_\_\_  
Surname\*: \_\_\_\_\_  
Date of Birth\*: \_\_\_\_\_  
Place of Birth\*: \_\_\_\_\_  
Personal Identity No.\*: \_\_\_\_\_  
Visa No.\*: \_\_\_\_\_  
Marital Status\*      \_\_ Single \_\_ Married \_\_ Divorced \_\_ Widow (Widower)  
Occupation\*: \_\_\_\_\_  
Home Address\*: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Check- In\*: \_\_\_\_\_  
Check- Out\*: \_\_\_\_\_

All fields that appear with \* are required