

INFORMATION FORM

DATE OF WEDDING: _____ **TIME** _____

DATE OF DECLARATION: _____ **TIME** _____

GROOM

Surname _____

Name _____

Date of birth (dd/mm/aa) _____ Place _____

Nationality _____

Marital Status (single/divorced/widowed) _____

Permanent Address _____

Profession _____ Study Title/Degree _____

Full name of Father _____

Full name of Mother _____

Parents were born in Italy: no

yes

write as follows:

Father: Place and date of birth _____

Mother: Place and date of birth _____

BRIDE

Surname _____

Name _____

Date of birth (dd/mm/aa) _____ Place _____

Nationality _____

Marital Status (single/divorced/widowed) _____

(If divorced or widowed please write the date of the event _____)

Permanent Address _____

Profession _____ Study Title/Degree _____

Full name of Father _____

Full name of Mother _____

Parents were born in Italy: no

yes

write as follows:

Father: Place and date of birth _____

Mother: Place and date of birth _____

**PLEASE SEND BY FAX TO THIS OFFICE (COMUNE DI FIRENZE – UFFICIO MATRIMONI)
WHEN YOU CONFIRM THE WEDDING DATE.**

FAX NUMBERS: (0039-)055-2616715 / (0039-)055-2768377 - P.e.c. matrimoni@pec.comune.fi.it