

# BOOKING REQUEST FOR THE CELEBRATION OF THE CIVIL MARRIAGE

The undersigned (bride's forename and surname)

Born in \_\_\_\_\_ on \_\_\_\_\_

Residing in \_\_\_\_\_ Cell. phone no./e-mail address \_\_\_\_\_

Tax code no. \_\_\_\_\_ Citizenship \_\_\_\_\_

Job \_\_\_\_\_ Qualification \_\_\_\_\_

The undersigned (groom's forename and surname)

Born in \_\_\_\_\_ on \_\_\_\_\_

Residing in \_\_\_\_\_ Cell. phone no./e-mail address \_\_\_\_\_

Tax code no. \_\_\_\_\_ Citizenship \_\_\_\_\_

Job \_\_\_\_\_ Qualification \_\_\_\_\_

Wedding Planner (if any) : \_\_\_\_\_ Cell. phone no./e-mail address \_\_\_\_\_

HEREBY ASK

TO CELEBRATE THEIR MARRIAGE ON \_\_\_\_\_ AT \_\_\_\_\_

ROOM :  DEI PROVVEDITORI  DEL CONSIGLIO  DELLA GIUNTA  UFFICIO DEL SINDACO

With the help of an interpreter: provided personally  to be provided

Witnesses' personal data (one witness for each party according to art. 107 of the Civil Code). Please attach a photocopy of both current Identity Cards.

The undersigned also take responsibility for the correct use of the facilities in accordance with the regulations of the Municipality of Salò.

Date

**SIGNATURES OF THE SPOUSES**

\_\_\_\_\_

Enclosed are the photocopies of our current Identity Cards.

N.B.: Should the ceremony be cancelled due to any unforeseen circumstances, the undersigned commit themselves to urgently give written cancellation notice to the registrar.