

COUPLE'S MARRIAGE REGISTRATION FORM

PLEASE PRINT CLEARLY - THANK YOU!

	Groom's Information	Bride's Information
Surname		
Given Name(s)		
Age/Birth Date (Y/M/D)	() age	() age
Address		
City & Province		
Postal Code		
Home Phone #		
Work Phone #		
Cell Phone #		
Occupation		
Religion		
Date of Baptism		
Place of Baptism		
Place of Confirmation		
Present Parish/Church		
E-mail Address		
Marital Status (please check one)	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> In first marriage	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> In first marriage
Citizenship		
Birthplace	<div style="display: flex; justify-content: space-between; font-size: small;"> City Province Country </div>	<div style="display: flex; justify-content: space-between; font-size: small;"> City Province Country </div>
Father's Full Name		
Father's Current Mailing Address	Street Address/City, Province/Postal Code	Street Address/City, Province/Postal Code
Father's Birthplace		
Father's Religion		
Mother's Maiden Name		
Mother's Given Name(s)		
Mother's Current Mailing Address	Street Address/City, Province/Postal Code	Street Address /City, Province/Postal Code

Continue completing Information on reverse →

	Groom's Information	Bride's Information
Mother's Birthplace		
Mother's Religion		

Witness Information (Usually Best Man and Maid of Honour)

	Full Name	Complete Mailing Address
Witness #1		<hr/> Street Address <hr/> City,Province <hr/> Postal Code
Witness #2		<hr/> Street Address <hr/> City,Province <hr/> Postal Code

Date Submitted to Parish Office:

_____ Day / _____ Month / _____ Year