

## MARRIAGE REQUEST FORM

### BRIDE:

Birth Name:		Given Names:	
Address:			
City:		Province:	Postal Code:
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Date of Birth:			
Date of Baptism:			
Church Membership:      Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Communicant: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Denomination: <input type="checkbox"/> Anglican <input type="checkbox"/> Catholic <input type="checkbox"/> Other			
Father's Name:			
Mother's Name:			

### GROOM:

Surname:		Given Names:	
Address:			
City:		Province:	Postal Code:
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Date of Birth:			
Date of Baptism:			
Church Membership:      Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Communicant: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Denomination: <input type="checkbox"/> Anglican <input type="checkbox"/> Catholic <input type="checkbox"/> Other			
Father's Name:			
Mother's Name:			

**LICENCE**

Marriage Licence Number:	
Date:	
If Divorced, Bishop's Authorization:	Date:

**RESIDENCE AFTER MARRIAGE**

Street		
City:	Province:	Postal Code:

**WITNESSES**

Name:
Address:
Name:
Address: