

Mailing Address:

(After Marriage)

STREET ADDRESS

CITY/TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP

Service Information

Officiant:

Requested Prayer Book:

BAS

BCP

HOLY EUCHARIST

Musician/Organist:

NAME

Soloist:

NAME

Music/Hymns:

PROCESSIONAL

BRIDE'S PROCESSION

SIGNING OF REGISTER

RECESSIONAL

Unity Candle:

YES

NO

Readings/Psalm:

marriage information form

Marriage Date:

MONTH BY NAME/DAY/YEAR

TIME

DAY OF THE WEEK

Rehersal Date:

MONTH BY NAME/DAY/YEAR

TIME

DAY OF THE WEEK

Place of Marriage:



Rondeau Bay Transfiguration Partnership - Diocese of Huron

PO Box 219, Thamesville, Ontario, N0P2C0

Contact: rondeaubaytransfiguration@diohuron.org

CITY/TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP

**Information for Registration of Marriage
Applicant**
(Please Print Clearly)

Surname: _____

Given Names: _____
ALL GIVEN NAMES IN ORDER

Marital Status: Never Married Widowed Divorced

Date of Birth: _____ Age: _____
MONTH BY NAME/DAY/YEAR

Place of Birth: _____
CITY/TOWN

PROVINCE/STATE (COUNTRY IF OUTSIDE CANADA)

Residence: _____
(Before Marriage) STREET ADDRESS

CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP

Religion: _____
RELIGIOUS DENOMINATION

Mother: _____
MAIDEN SURNAME AND ALL GIVEN NAMES

Birth Place: _____
CITY/TOWN PROVINCE/STATE COUNTRY

Father: _____
SURNAME AND ALL GIVEN NAMES

Birth Place: _____
CITY/TOWN PROVINCE/STATE COUNTRY

Witness: _____
NAME

CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP

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CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP