



MARRIAGE LICENCE APPLICATION

Marriage Act - Form 3

Marriage Licence No.

APPLICANT					JOINT APPLICANT									
					LAST NAME									
					FIRST AND MIDDLE NAMES									
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					MARITAL STATUS					<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED				
COURT FILE NUMBER					IF DIVORCED IN CANADA, please provide the court file number					COURT FILE NUMBER				
CITY DIVORCE GRANTED IN										CITY DIVORCE GRANTED IN				
					RELIGIOUS DENOMINATION									
AGE	DATE OF BIRTH	DAY	MONTH	YEAR	AGE AND DATE OF BIRTH					AGE	DATE OF BIRTH	DAY	MONTH	YEAR
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					PLACE OF BIRTH					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
LAST NAME										LAST NAME				
FIRST (NAMES)					FATHER'S NAME (Last, First)					FIRST (NAMES)				
LAST NAME					MOTHER'S MAIDEN NAME					LAST NAME				
FIRST (NAMES)					(Last name before marriage, First)					FIRST (NAMES)				
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					FATHER'S PLACE OF BIRTH					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					MOTHER'S PLACE OF BIRTH					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
STREET NAME AND NUMBER APT					PRESENT RESIDENCE OR POSTAL ADDRESS					STREET NAME AND NUMBER APT				
CITY OR TOWN PROVINCE										CITY OR TOWN PROVINCE				
POSTAL CODE TELEPHONE NUMBER										POSTAL CODE TELEPHONE NUMBER				
STREET NAME AND NUMBER APT					PERMANENT HOME ADDRESS IF DIFFERENT FROM ABOVE					STREET NAME AND NUMBER APT				
CITY OR TOWN PROVINCE										CITY OR TOWN PROVINCE				
POSTAL CODE TELEPHONE NUMBER										POSTAL CODE TELEPHONE NUMBER				

INTENDED PLACE OF MARRIAGE	CITY, TOWN, VILLAGE	COUNTY OR DISTRICT	INTENDED DATE OF MARRIAGE
I DECLARE THAT THE ABOVE INFORMATION IS CORRECT: SIGNATURE OF APPLICANT		I DECLARE THAT THE ABOVE INFORMATION IS CORRECT: SIGNATURE OF JOINT APPLICANT	
DATE		DATE	