



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   |               |     |                     |      | FATHER'S NAME<br>(Last, First)   | LAST NAME   |               |                           |       |      |
| FIRST (NAMES)   |               |     |                     |      |  | FIRST (NAMES)   |               |                           |       |      |
| LAST NAME   |               |     |                     |      | MOTHER'S MAIDEN NAME<br>(Last name before marriage, First)                       | LAST NAME   |               |                           |       |      |
| FIRST (NAMES)   |               |     |                     |      |  | 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:<br>SIGNATURE OF APPLICANT                                |               |     |                     |      | I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:<br>SIGNATURE OF JOINT APPLICANT |   |               |                           |       |      |
| DATE  |               |     |                     |      | DATE   |   |               |                           |       |      |