



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