

Marriage Licence Application Form

Phone Number: _____

Email _____

Full Legal Last Name(s): _____

Full Legal Given Names(s): _____

Gender: Male () Female () X ()

Marital Status:

Never Married ()

Divorced () *Proof of Divorced Required*

Widowed ()

Date of Birth: _____ Age: _____

Place of Birth (City): _____

Province: _____ Country: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____

Parental Information:

Father's Legal Last Name(s): _____

Father's Legal Given Name(s): _____

Father's Place of Birth (City): _____ Country _____

Mother's Maiden Last Name(s): _____

Mother's Legal Given Name(s): _____

Mother's Place of Birth (City): _____ Country _____