



Office of the Registrar General

MARRIAGE LICENCE APPLICATION

Marriage Act - Form 3

Marriage Licence No. _____

APPLICANT		LAST NAME	JOINT APPLICANT	
		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		RELIGIOUS DENOMINATION	CITY DIVORCE GRANTED IN	
AGE	DATE OF BIRTH	AGE AND DATE OF BIRTH	AGE	DATE OF BIRTH
DATE	DAY MONTH YEAR		DATE	DAY MONTH YEAR
PROVINCE (IF OUTSIDE CANADA, COUNTRY)		PLACE OF BIRTH	PROVINCE (IF OUTSIDE CANADA, COUNTRY)	
LAST NAME		FATHER'S NAME	LAST NAME	
FIRST (NAMES)		(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		