

MARRIAGE LICENCE APPLICATION

Marriage Act – Form 3

Licence No. _____
Receipt No. _____
Typed by: _____
Date: _____

Intended Place of Marriage (City/Town)	Date of Marriage (d/m/y)
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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	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Court File No. _____ City Divorce Granted: _____	IF DIVORCED IN CANADA, Please provide the court file number
Court File No. _____ City Divorce Granted: _____	Court File No. _____ City Divorce Granted: _____
	RELIGIOUS DENOMINATION
Day/ Month /Year Age	BIRTHDATE AND AGE
Day/Month/Year Age	Day/Month/Year Age
Province (if outside Canada, state Country)	PLACE OF BIRTH
Province (if outside Canada, state Country)	Province (if outside Canada, state Country)
(last, first)	FATHER'S NAME
(last, first)	(last, first)
(maiden name, first name)	MOTHER'S MAIDEN NAME
(maiden name, first name)	(maiden name, first name)
Province (if outside Canada, state Country)	FATHER'S PLACE OF BIRTH
Province (if outside Canada, state Country)	Province (if outside Canada, state Country)
Province (if outside Canada, state Country)	MOTHER'S PLACE OF BIRTH
Province (if outside Canada, state Country)	Province (if outside Canada, state Country)
Street Name and Number	APPLICANTS PRESENT ADDRESS
Street Name and Number	Street Name and Number
City/Town Postal Code	TELEPHONE NUMBER
City/Town Postal Code	()
()	()

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

Personal information contained on this form is collected under the authority of the *Marriage Act*, R.S.O. 1990, c.M.3 and will be used to issue the marriage licence, to register and record the marriage, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption purposes.

Questions about this collection should be directed to:

Deputy Registrar General
P.O. Box 4600, 189 Red River Road
Thunder Bay, Ontario P7B 6L8
1-800-461-2156 or 1-416-325-8305