



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					

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 determine whether 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 disclosure purposes. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, PO Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-8305.