



# MARRIAGE LICENCE APPLICATION

Marriage Act - Form 3

Marriage Licence No. \_\_\_\_\_

APPLICANT					JOINT APPLICANT									
					<b>LAST NAME</b>									
					<b>FIRST AND MIDDLE NAMES</b>									
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					<b>MARITAL STATUS</b>									
COURT FILE NUMBER					IF DIVORCED IN CANADA, please provide the court file number									
CITY DIVORCE GRANTED IN					COURT FILE NUMBER									
					CITY DIVORCE GRANTED IN									
					<b>RELIGIOUS DENOMINATION</b>									
AGE	DATE OF BIRTH	DAY	MONTH	YEAR	AGE AND DATE OF BIRTH	AGE	DATE OF BIRTH	DAY	MONTH	YEAR				
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					<b>PLACE OF BIRTH</b>					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
LAST NAME					<b>FATHER'S NAME</b>					LAST NAME				
FIRST (NAMES)					(Last, First)					FIRST (NAMES)				
LAST NAME					<b>MOTHER'S MAIDEN NAME</b>					LAST NAME				
FIRST (NAMES)					(Last name before marriage, First)					FIRST (NAMES)				
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					<b>FATHER'S PLACE OF BIRTH</b>					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
PROVINCE (IF OUTSIDE CANADA, COUNTRY)					<b>MOTHER'S PLACE OF BIRTH</b>					PROVINCE (IF OUTSIDE CANADA, COUNTRY)				
STREET NAME AND NUMBER					<b>PRESENT RESIDENCE OR POSTAL ADDRESS</b>					STREET NAME AND NUMBER				
APT										APT				
CITY OR TOWN										CITY OR TOWN				
PROVINCE										PROVINCE				
POSTAL CODE										POSTAL CODE				
TELEPHONE NUMBER										TELEPHONE NUMBER				
STREET NAME AND NUMBER					<b>PERMANENT HOME ADDRESS IF DIFFERENT FROM ABOVE</b>					STREET NAME AND NUMBER				
APT										APT				
CITY OR TOWN										CITY OR TOWN				
PROVINCE										PROVINCE				
POSTAL CODE										POSTAL CODE				
TELEPHONE NUMBER										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.