



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			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.