

ST. HILDA'S ANGLICAN CHURCH

2353 DUFFERIN STREET

TORONTO, ONTARIO

M6E 5A5

PHONE: 416-781-6621 EXT 6563 FAX: 416-781-3523

MARRIAGE APPLICATION FORM

PLEASE PRINT CLEARLY

LOCATION: CHURCH: YES ☐ **NO** ☐ **CHAPEL: YES** ☐ **NO** ☐

BANNS: YES ☐ **NO** ☐ **LICENSE: YES** ☐ **NO** ☐

DATE: _____ **TIME:** _____

ORGANIST: YES ☐ **NO** ☐ **FLOWERS: YES** ☐ **NO** ☐

REHEARSAL DATE: _____ **TIME:** _____

GROOM

NAME: _____

DATE OF BIRTH: _____ **CITIZENSHIP:** _____

PREVIOUSLY MARRIED: YES ☐ **NO** ☐ **PLACE OF BIRTH:** _____

ADDRESS: _____
NUMBER STREET APT/UNIT NO. CITY POSTAL

CODE

TELEPHONE: RES: (____) _____ BUS: (____) _____ Ext. _____

(PLEASE INFORM THE CHURCH OFFICE IF YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER(S))

OCCUPATION: _____ **RELIGION:** _____

FATHER'S NAME: _____ **BIRTHPLACE:** _____

MOTHER'S

MAIDEN NAME: _____ **BIRTHPLACE:** _____

BRIDE

NAME: _____

DATE OF BIRTH: _____ **CITIZENSHIP:** _____

PREVIOUSLY MARRIED: YES ☐ **NO** ☐ **PLACE OF BIRTH:** _____

ADDRESS: _____
NUMBER STREET APT/UNIT NO. CITY POSTAL

CODE

TELEPHONE: RES: (____) _____ BUS: (____) _____ Ext. _____

(PLEASE INFORM THE CHURCH OFFICE IF YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER(S))

OCCUPATION: _____ **RELIGION:** _____

FATHER'S NAME: _____ **BIRTHPLACE:** _____

MOTHER'S

MAIDEN NAME: _____ **BIRTHPLACE:** _____

REMARKS: _____

