

## MARRIAGE REGISTRATION FORM

	GROOM'S INFORMATION	BRIDE'S INFORMATION
Surname		
Given Name(s)		
Age/Birth Date (Y/M/D)	Age:	Age:
Address		
City/Province/Postal Code		
Contact Phone #		
Occupation		
Religion		
Date of Baptism		
Place of Baptism		
Present Parish/Church		
E-mail Address		
Marital Status (please check one)	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Never Married <input type="checkbox"/> In First Marriage
Citizenship		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Birthplace (City/Province/Country)		<input type="checkbox"/> Never Married <input type="checkbox"/> In First Marriage
<b>FATHER'S FULL NAME</b>		
Father's Present Address (Address/City/Province/Postal Code)		
Father's Birthplace		
Father's Religion		
<b>MOTHER'S FULL/MAIDEN NAME</b>		
Mother's Present Address (Address/City/Province/Postal Code)		
Mother's Birthplace		
Mother's Religion		
<b>WITNESS INFORMATION</b> <i>(Must be over 16 years of age.)</i>		
<b>GROOM'S WITNESS: Full Name and Address</b>	<b>BRIDE'S WITNESS: Full Name and Address</b>	
<b>FUTURE ADDRESS OF COUPLE:</b>	<b>FUTURE PARISH OF COUPLE:</b>	

