



ST. CLARE ROMAN CATHOLIC CHURCH

133 Westmount Ave., Toronto, ON M6E 3M6

Phone: 416-654-7087 FAX: 416-654-7090

email: stclaresto.archtoronto.org website: www.stclaresto.archtoronto.org

This form must be completed ONE YEAR in advance of your requested marriage date.

Today's Date: _____

ARE YOU A REGISTERED MEMBER OF THE PARISH? YES NO

Groom's Name: _____
Address: _____
City: _____ Postal Code: _____
Previous Marriages: Yes No
Contact No (s): (Home) _____ (Work) _____
Email: _____
Denomination of Baptism _____

Bride's Name: _____
Address: _____
City: _____ Postal Code: _____
Previous Marriages: Yes No
Contact No (s): (Home) _____ (Work) _____
Email: _____
Denomination of Baptism _____

****If there has been a previous marriage, the Parish Priest must contact the Chancery Office before a wedding date can be given.****

Requested DATE & TIME of Marriage Ceremony: _____

Saturday Marriage times: 11:30 am & 1:30 pm

MARRIAGE CEREMONY DATE MUST BE VERIFIED WITH THE PARISH OFFICE.