

# INITIAL MARRIAGE REQUEST INFORMATION

*parish office record*

Initial Contact Date: \_\_\_\_\_

TENTATIVE WEDDING DATE _____	TENTATIVE TIME <input type="checkbox"/> 12:00pm <input type="checkbox"/> 2:00pm
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GROOM'S INFORMATION		BRIDE'S INFORMATION
	Surname	
	Given name(s)	
Birthdate _____ Age _____	Age/birth date	Age _____ Birthdate _____
	Address	
Home     /	Telephone	Home     /
Work     /		Work     /
Cell     /		Cell     /
	E-mail	
	Occupation	
Date	Baptism	Date
Place		Place
	Religion/Rite	
	If a Convert, Place & Date of Reception	
	Confirmation (date & place)	
	Present Parish	
<input type="checkbox"/> never married	Marital Status	<input type="checkbox"/> never married
<input type="checkbox"/> common law		<input type="checkbox"/> common law
<input type="checkbox"/> in first marriage (married civilly)		<input type="checkbox"/> in first marriage (married civilly)
<input type="checkbox"/> widowed		<input type="checkbox"/> widowed
<input type="checkbox"/> divorced		<input type="checkbox"/> divorced

Please complete the section below if matron of honor and best man are known (must be over 16 years of age).  
If not, call the rectory when you know the names and addresses (including postal code) at **416-743-3830, ext. 0.**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

<b>GROOM'S INFORMATION</b>		Citizenship
Surname	Given name(s)	Birthplace
Father – Surname	Present Address	Birthplace
Given Name(s)		Religion Rite
Mother – Maiden Name	Present Address	Birthplace
Given name(s)		Religion Rite

<b>BRIDE'S INFORMATION</b>		Citizenship
Surname	Given name(s)	Birthplace
Father – Surname	Present Address	Birthplace
Given Name(s)		Religion Rite
Mother – Maiden Name	Present Address	Birthplace
Given name(s)		Religion Rite

Please be advised that before receiving the sacrament of marriage at any Church in the Archdiocese of Toronto, **both** the bride and groom **MUST** attend **ONE** of the following marriage preparation courses:

**Catholic Family Services, Archdiocese of Toronto  
416-921-1163**

OR

**Queen of Apostles Renewal Centre ~ Engaged Encounter Weekend  
905-278-5229**

\_\_\_\_\_  
**BRIDE' S SIGNATURE**

\_\_\_\_\_  
**GROOM' S SIGNATURE**

**DATE:** \_\_\_\_\_