



ST BENEDICT PARISH INITIAL MARRIAGE REQUEST FORM
Parish office record

Date Initial Contact: _____

Tentative Wedding Date: _____

Time of Wedding: 12:00 pm
 2:00 pm

Groom's Information		Bride's Information	
		Surname	
		Given names (s)	
		Birthdate/Age	
		Address	
Home:		Telephone	Home: _____
Cell:			Cell: _____
		Email	
		Occupation	
Date:		Baptism	Date: _____
Place:			Place: _____
		Religion/Rite	
Place:	Date: _____	If convert, Place & Date of Reception	Place: _____ Date: _____
		Date of Confirmation	
		Present Parish	
<input type="checkbox"/> never married <input type="checkbox"/> common law <input type="checkbox"/> in first marriage (married civilly) <input type="checkbox"/> widowed <input type="checkbox"/> divorced		Marital Status	<input type="checkbox"/> never married <input type="checkbox"/> common law <input type="checkbox"/> in first marriage (married civilly) <input type="checkbox"/> widowed <input type="checkbox"/> divorced



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Groom's Information		Citizenship:
Surname:	Given Name(s):	Birthplace:
Father Surname:	Present Address:	Birthplace:
Given name(s):		Religion Rite:
Mother-Maiden Name:	Present Address:	Birthplace:
Given names(s):		Religion Rite:

Bride's Information		Citizenship:
Surname:	Given Name(s):	Birthplace:
Father Surname:	Present Address:	Birthplace:
Given name(s):		Religion Rite:
Mother-Maiden Name:	Present Address:	Birthplace:
Given names(s):		Religion Rite:

WITNESSES (MUST BE OVER 16 YEARS OF AGE): Please complete the section below if witnesses are known. If not, email abancheri@archtoronto.org with names and complete address including postal code.	
Name:	Address:
Name:	Address: