# Markinge Rondeau Bay Transfiguration Partnership

PO Box 219 Thamesville, Ontario NOP 2C0



(contact: please email us from the partnership website) website: rondeaubaytransfiguration.org

### "MARRIAGE INFORMATION FORM"

Applicant (1) Full Name:						
Applicant (2) Full	Name:					
Mailing Address:	STREET ADDRESS					
	STREET ADDRESS					
CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL/ZIP			
Mailing Address:						
(After Marriage)	STREET ADDRESS					
CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL/ZIP			

#### **Service Information**

Marriage Date:					
<b>. .</b>	MONTH BY NAME	E/DAY/YEAR			
	TIME		D	AY OF THE WEEK	
Rehersal Date:	MONTH BY MAN	-/D A			
	MONTH BY NAME	=/DAY/YEAR			
	TIME		]	DAY OF THE WEEK	
Place of Marriage:					
CITY/TOWN	PROVINCE/	STATE	COUNTRY	POSTAL/ZIP	
Officiant:					
Prayer Book:	BAS 🗌	ВСР 🗌	HOLY E	UCHARIST 🗌	
	Musi	ic Informat	ion		
Musician/Organist:	NAME				
Soloist:	NAME				
Hymn/Music					
,	PROCESSIONAL				
	BRIDES PROCES	SSIONAL			
	SIGNING OF THE	E REGISTER			
	RECESSIONAL				

## Information for Registration of Marriage (1) (Please Print Clearly)

## Information for Registration of Marriage (2) (Please Print Clearly)

Surname	<b>)</b> :				Surname	<del>2</del> :			
Given Na	ames:	-			Given Na	ames:			
		ALL GIVEN NAMES IN ORDE	:R				ALL GIVEN NAMES IN OF	RDER	
Marital S	tatus:	Never Married	Widowed Divor	ced	Marital S	Status:	Never Married	Widowed	Divorced
Date of E	Birth:				Date of E	Birth:			
		MONTH BY NAME/DAY/YEAR	R				MONTH BY NAME/DAY/Y	EAR	
Place of	Birth:				Place of	Birth:			
		CITY/TOWN					CITY/TOWN		
		PROVINCE/STATE	(COUNTRY IF OU	UTSIDE CANADA)			PROVINCE/STATE	(COUNTF	RY IF OUTSIDE CANADA
Religion:					Religion	1			
		RELIGIOUS DENOMINATION	1				RELIGIOUS DENOMINAT	ION	
Baptized	:	Yes No	Communicant: Yes	□ No □	Baptized	:	Yes No No	Communicant:	Yes No
Date of E	Baptism:				Date of I	Baptism:			
	•	MONTH BY NAME/DAY/YEAR	R			·	MONTH BY NAME/DAY/Y	EAR	
Mother:					Mother:				
	SURNAME ANI	D ALL GIVEN NAMES				SURNAME AN	ID ALL GIVEN NAMES		
	Birth Place:					Birth Place:			
		CITY/TOWN	PROVINCE/STATE	COUNTRY			CITY/TOWN	PROVINCE/STA	TE COUNTR'
Father:					Father:				
	SURNAME ANI	D ALL GIVEN NAMES				SURNAME AN	ID ALL GIVEN NAMES		
	Birth Place:					Birth Place:			
		CITY/TOWN	PROVINCE/STATE	COUNTRY			CITY/TOWN	PROVINCE/STA	TE COUNTR'
Witness:					Witness				
	NAME					NAME			
	STREET ADDR	RESS				STREET ADD	PRESS		
CITY/TOWN		PROVINCE/STATE	COUNTRY	POSTAL/ZIP	CITY/TOWN		PROVINCE/STATE	COUNTRY	POSTAL/ZIF