REGISTRATION FOR MARRIAGE

Date of Wedding	Month/Day/Year		
Time of Wedding	□ 11:00 AM □ 7:00 PM	□ 3:30 PM	□ 5:30 PM
Place of Wedding			
Date / Time of Rehearsal			
Fees			

St. James United Church 330 Elizabeth Ave.

St. John's, NL A1B 1T9

Tel: (709) 722-1881

Email: <u>info@stjamesuc.org</u> Website: <u>http://www.stjamesuc.org</u>

	Spouse	Spouse	
Surname:			
Given Names:			
Martial Status:	Never Married Widowed Divorced	Never Married Widowed Divorced	
Date of Birth:	Month/Day/Year Age Sex	Month/Day/Year Age Sex	
	City/Town	City/Town	
Place of Birth:	Description (Charles	Devices (Chate	
	Province/State Country	Province/State Country	
Street Address		Street Address	
Residence Before			
Marriage:	City/Town Prov/State Country Postal Code/Zip	City/Town Prov/State Country Postal Code/Zip	
Religion:	Denomination Congregation	Denomination Congregation	
Occupation:			
Mother:	Maiden Name and All Given Names	Maiden Name and All Given Names	
	Birthplace: City/Town Province/State Country	Birthplace: City/Town Province/State Country	
	Surname and All Given Names	Surname and All Given Names	
Father:	Birthplace: City/Town Province/State Country	Birthplace: City/Town Province/State Country	
	Street Address	Street Address	
Mailing Address	City/Town Prov/State Country Postal Code/Zip	City/Town Prov/State Country Postal Code/Zip	
After Marriage:	City/Town Prov/State Country Postal Code/Zip	City/Town Prov/State Country Postal Code/Zip	
Contact	Home: Work:	Home: Work:	
Information:	Mobile: Email:	Mobile: Email:	
	Surname and All Given Names	Surname and All Given Names	
Witnesses:	City/Town Prov/State Country Postal Code/Zip	City/Town Prov/State Country Postal Code/Zip	

FOR OFFICE USE ONLY: Date of Request (mm/dd/yyyy):		
Entered into office book	Signed	Date