

## REGISTRATION FOR MARRIAGE

|                                 |                |
|---------------------------------|----------------|
| <b>Date of Wedding</b>          | Month/Day/Year |
| <b>Time of Wedding</b>          |                |
| <b>Place of Wedding</b>         |                |
| <b>Date / Time of Rehearsal</b> |                |
| <b>Fees</b>                     |                |

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| <p><b>St. James United Church</b><br/>         330 Elizabeth Ave.<br/>         St. John's, NL A1B 1T9</p> <p>Tel: (709) 722-1881<br/>         Email: <a href="mailto:info@stjamesuc.org">info@stjamesuc.org</a><br/>         Website: <a href="http://www.stjamesuc.org">http://www.stjamesuc.org</a></p> |
|---|

|  | Spouse  | Spouse  |
|--|---|---|
| <b>Surname:</b>                        |   |   |
| <b>Given Names:</b>                    |   |   |
| <b>Martial Status:</b>                 | <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
| <b>Date of Birth:</b>                  | Month/Day/Year   Age   Sex  | Month/Day/Year   Age   Sex  |
| <b>Place of Birth:</b>                 | City/Town   | City/Town   |
|  | Province/State   Country  | Province/State   Country  |
| <b>Residence Before Marriage:</b>      | Street Address  | Street Address  |
|  | City/Town   Prov/State   Country   Postal Code/Zip  | City/Town   Prov/State   Country   Postal Code/Zip  |
| <b>Religion:</b>                       | Denomination   Congregation   | Denomination   Congregation   |
| <b>Occupation:</b>                     |   |   |
| <b>Mother:</b>                         | Maiden Name and All Given Names   | Maiden Name and All Given Names   |
|  | Birthplace: City/Town   Province/State   Country  | Birthplace: City/Town   Province/State   Country  |
| <b>Father:</b>                         | Surname and All Given Names   | Surname and All Given Names   |
|  | Birthplace: City/Town   Province/State   Country  | Birthplace: City/Town   Province/State   Country  |
| <b>Mailing Address After Marriage:</b> | Street Address  | Street Address  |
|  | City/Town   Prov/State   Country   Postal Code/Zip  | City/Town   Prov/State   Country   Postal Code/Zip  |
| <b>Contact Information:</b>            | Home:                      Work:  | Home:                      Work:  |
|  | Mobile:                      Email:   | Mobile:                      Email:   |
| <b>Witnesses:</b>                      | Surname and All Given Names   | Surname and All Given Names   |
|  | City/Town   Prov/State   Country   Postal Code/Zip  | City/Town   Prov/State   Country   Postal Code/Zip  |

|  |   |
|--|---|
| <p><b>FOR OFFICE USE ONLY:</b><br/>         Date of Request (mm/dd/yyyy): _____</p> <p><input type="checkbox"/> Entered into office book</p> | <p>_____<br/>         Signed</p> <p>_____<br/>         Date</p> |
|--|---|