REGISTRATION FOR MARRIAGE

Date of Wedding	Month/Day/Year
Time of Wedding	
Place of Wedding	
Date / Time of Rehearsal	
Fees	

St. James United Church
330 Elizabeth Ave.
St. John's, NL A1B 1T9

Email: info@stjamesuc.org
Website: http://www.stjamesuc.org

	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
Place of Birth:	City/Town Province/State Country	City/Town Province/State Country
Residence Before Marriage:	Street Address City/Town Prov/State Country Postal Code/Zip	Street Address City/Town Prov/State Country Postal Code/Zip
Religion:	Denomination Congregation	Denomination Congregation
Occupation:		
Parent 1:	Maiden Name and All Given Names Birthplace: City/Town Province/State Country	Maiden Name and All Given Names Birthplace: City/Town Province/State Country
Parent 2:	Surname and All Given Names Birthplace: City/Town Province/State Country	Surname and All Given Names Birthplace: City/Town Province/State Country
Mailing Address After Marriage:	Street Address City/Town Prov/State Country Postal Code/Zip	Street Address City/Town Prov/State Country Postal Code/Zip
Contact Information:	Home: Work: Mobile: Email:	Home: Work: Mobile: Email:
Witnesses:	Surname and All Given Names City/Town Prov/State Country Postal Code/Zip	Surname and All Given Names City/Town Prov/State Country Postal Code/Zip

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

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