

# marriage

## Rondeau Bay Transfiguration Partnership

PO Box 219  
Thamesville, Ontario  
N0P 2C0



(contact: please email us from the partnership website)

website: [rondeaubaytransfiguration.org](http://rondeaubaytransfiguration.org)

### “MARRIAGE INFORMATION FORM”

Applicant (1) Full Name: \_\_\_\_\_

Applicant (2) Full Name: \_\_\_\_\_

Mailing 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: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

\_\_\_\_\_  
TIME DAY OF THE WEEK

Rehersal Date: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

\_\_\_\_\_  
TIME DAY OF THE WEEK

Place of Marriage: \_\_\_\_\_

\_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP

Officiant: \_\_\_\_\_

Prayer Book: BAS  BCP  HOLY EUCHARIST

### Music Information

Musician/Organist: \_\_\_\_\_  
NAME

Soloist: \_\_\_\_\_  
NAME

Hymn/Music \_\_\_\_\_  
PROCESSIONAL

\_\_\_\_\_  
BRIDES PROCESSIONAL

\_\_\_\_\_  
SIGNING OF THE REGISTER

\_\_\_\_\_  
RECESSIONAL

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

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_  
ALL GIVEN NAMES IN ORDER

Marital Status: Never Married  Widowed  Divorced

Date of Birth: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

Place of Birth: \_\_\_\_\_  
CITY/TOWN  
\_\_\_\_\_  
PROVINCE/STATE (COUNTRY IF OUTSIDE CANADA)

Religion: \_\_\_\_\_  
RELIGIOUS DENOMINATION

Baptized: Yes  No  Communicant: Yes  No

Date of Baptism: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

Mother: \_\_\_\_\_  
SURNAME AND ALL GIVEN NAMES

Birth Place: \_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY

Father: \_\_\_\_\_  
SURNAME AND ALL GIVEN NAMES

Birth Place: \_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY

Witness: \_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP

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

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_  
ALL GIVEN NAMES IN ORDER

Marital Status: Never Married  Widowed  Divorced

Date of Birth: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

Place of Birth: \_\_\_\_\_  
CITY/TOWN  
\_\_\_\_\_  
PROVINCE/STATE (COUNTRY IF OUTSIDE CANADA)

Religion: \_\_\_\_\_  
RELIGIOUS DENOMINATION

Baptized: Yes  No  Communicant: Yes  No

Date of Baptism: \_\_\_\_\_  
MONTH BY NAME/DAY/YEAR

Mother: \_\_\_\_\_  
SURNAME AND ALL GIVEN NAMES

Birth Place: \_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY

Father: \_\_\_\_\_  
SURNAME AND ALL GIVEN NAMES

Birth Place: \_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY

Witness: \_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/TOWN PROVINCE/STATE COUNTRY POSTAL/ZIP