

Marriage Registration Form

Holy Spirit Parish

holyspiritba@archtoronto.org

Groom

Bride

Surname

Given name(s)

Age/birth date

Address

Occupation

Email

Telephone

Religion

Baptism

If Roman Catholic

Confirmation

Present Parish

Cell _____ / _____
Home _____ / _____

Cell _____ / _____
Home _____ / _____

Date _____
Place _____

Date _____
Place _____

common law
widowed

never married
in first marriage
divorced

Marital Status³

never married
in first marriage
divorced

common law
widowed

Requested Date for Marriage Celebration

Date: _____ Time: _____

Church: Holy Spirit Parish, Barrie