

Our Lady of the Airways Parish

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MARRIAGE REQUEST FORM

This form must be completed **ONE YEAR** in advance of your requested marriage date.

Today's Date: _____

ARE YOU A REGISTERED MEMBER OF THE PARISH? YES NO

Groom's Name:	
	Postal Code:
	No
Contact No (s): (Home)	(Work)
Email:	
	Postal Code:
Previous Marriages: Yes	No
Contact No (s): (Home)	(Work)
Email:	
Denomination of Baptism	

If there has been a <u>previous marriage</u>, the Parish Priest must contact the Chancery Office before a wedding date can be given.

Requested **DATE & TIME** of Marriage Ceremony: _

Saturday Marriage times: 12:00 pm & 2:00 pm MARRIAGE CEREMONY DATE MUST BE VERIFIED WITH THE PARISH OFFICE.

MARRIAGE REGISTRATION FORM

Real Provide States	GROOM'S INFORMATION		BRIDE'S INFORMATION		
Surname					
Given Name(s)					
Age/Birth Date (Y/M/D)	Age:		Age:		
Address					
City/Province/Postal Code					
Contact Phone #					
Occupation				-	
Religion					
Date of Baptism					
Place of Baptism					
Present Parish/Church					
E-mail Address					
Marital Status		ever Married	Divorced	Never Married	
(please check one)	Widowed In	First Marriage	Widowed	In First Marriage	
Citizenship					
Birthplace (City/Province/Country)					
FATHER'S FULL NAME					
Father's Present Address (Address/City/Province/Postal Code)			<i>1</i> .	- 	
Father's Birthplace					
Father's Religion					
MOTHER'S FULL/MAIDEN NAME					
Mother's Present Address (Address/City/Province/Postal Code)		1			
Mother's Birthplace					
Mother's Religion					
WITNESS INFORMATION (Must be over 16 years of age.)					
GROOM'S WITNESS: Full Name and Address		BRIDE'S WITNESS: Full Name and Address			
FUTURE ADDRESS OF COUPLE:		FUTURE PARISH OF COUPLE:			