



## 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

<b>Groom's Name:</b> _____
Address: _____
City: _____ Postal Code: _____
<b>Previous Marriages:</b> Yes No
Contact No (s): (Home) _____ (Work) _____
Email: _____
Denomination of Baptism _____

<b>Bride's Name:</b> _____
Address: _____
City: _____ Postal Code: _____
<b>Previous Marriages:</b> Yes No
Contact No (s): (Home) _____ (Work) _____
Email: _____
Denomination of Baptism _____

*\*If there has been a previous marriage, 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.**