Clear Form

Ontario Office of the Registrar General

MARRIAGE LICENCE APPLICATION

Marriage Act - Form 3

Marriage Licence No.

APPLICANT		JOINT APPLICANT
	LAST NAME	
	FIRST AND MIDDLE NAMES	
☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	**MARITAL STATUS**	☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
COURT FILE NUMBER	**IF DIVORCED IN CANADA, please provide the court file number**	COURT FILE NUMBER
CITY DIVORCE GRANTED IN		CITY DIVORCE GRANTED IN
	RELIGIOUS DENOMINATION	
AGE DATE OF BIRTH DAY MONTH YEAR	**AGE AND DATE OF BIRTH**	AGE DATE OF BIRTH DAY MONTH YEAR
PROVINCE (IF OUTSIDE CANADA, COUNTRY)	**PLACE OF BIRTH**	PROVINCE (IF OUTSIDE CANADA, COUNTRY)
LAST NAME FIRST (NAMES)	**FATHER'S NAME** **(Last, First)**	LAST NAME FIRST (NAMES)
LAST NAME FIRST (NAMES)	**MOTHER'S MAIDEN NAME** **(Last name before marriage, First)**	LAST NAME FIRST (NAMES)
PROVINCE (IF OUTSIDE CANADA, COUNTRY)	**FATHER'S PLACE OF BIRTH**	PROVINCE (IF OUTSIDE CANADA, COUNTRY)
PROVINCE (IF OUTSIDE CANADA, COUNTRY)	**MOTHER'S PLACE OF BIRTH**	PROVINCE (IF OUTSIDE CANADA, COUNTRY)
STREET NAME AND NUMBER APT CITY OR TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER	**PRESENT RESIDENCE OR POSTAL ADDRESS**	STREET NAME AND NUMBER APT CITY OR TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER
STREET NAME AND NUMBER APT CITY OR TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER	**PERMANENT HOME ADDRESS IF DIFFERENT FROM ABOVE**	STREET NAME AND NUMBER APT CITY OR TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER

INTENDED PLACE OF MARRIAGE	CITY, TOWN, VILLAGE	COUNTY OR DISTRICT	INTENDED DATE OF MARRIAGE

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:	I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:
SIGNATURE OF APPLICANT	SIGNATURE OF JOINT APPLICANT
DATE	DATE

Personal Information contained on this form is collected under the authority of the ***Marriage Act***, R.S.O. 1990, c. M. 3 and will be used to determine whether to issue the marriage licence, to register and record the marriage, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, PO Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-8305.

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