

Phone: 403-320-1030 Fax: 403-388-7018 office@chaparralregistry.ca

MARRIAGE LICENSE APPLICATION

| LEGAL LAST NAME:FULL GIVEN NAMES: | | | | LEGAL LAST NAME: | | | | | | | | | | | | |
|---|---|-------------------------------|---------------|---|-------------|-------------------------------|----------|--|----------|--|--|--|----------|--|--|--|
| | | | | | | | | | PHONE #: | | | | PHONE #: | | | |
| | | | | | | | | | ADDRESS: | | | | ADDRESS: | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS. (MARK BOX WITH "X") | X | IF APPLICABLE PLEASE COMPLETE | | PLEASE ANSWER THE FOLLOWING QUESTIONS. (MARK BOX WITH "X") | Х | IF APPLICABLE PLEASE COMPLETE | | | | | | | | | | |
| NEVER MARRIED | | | | NEVER MARRIED | | | | | | | | | | | | |
| WIDOWED | | | 1 | WIDOWED | | | | | | | | | | | | |
| DIVORCED | | DIVORCE CERTIFICATE | | DIVORCED | | DIVORCE CERTIFICATE | | | | | | | | | | |
| | | | - | | | | | | | | | | | | | |
| DATE OF BIRTH YOUR AGE | | YOUR AGE | | DATE OF BIRTH | TE OF BIRTH | | YOUR AGE | | | | | | | | | |
| PLACE OF BIRTH (CITY, PROV/STATE, COUNTRY) | | | | PLACE OF BIRTH (CITY, PROV/STATE, COUNTRY) | | | | | | | | | | | | |
| E-MAIL ADDRESS | | | | E-MAIL ADDRESS | | | | | | | | | | | | |
| | | | - - | | | | | | | | | | | | | |
| PLEASE COMPLETE | | | | PLEASE COMPLETE | | | | | | | | | | | | |
| FATHERS LEGAL LAST NAME | | | | FATHERS LEGAL LAST NAME | | | | | | | | | | | | |
| FATHER'S LEGAL GIVEN NAME(S) | | | | FATHER'S LEGAL GIVEN NAME(S) | | | | | | | | | | | | |
| FATHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY) | | | | FATHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY) | | | | | | | | | | | | |
| MOTHER'S MAIDEN NAME | | | | MOTHER'S MAIDEN NAME | | | | | | | | | | | | |
| MOTHER'S LEGAL GIVEN NAME(S) | | | | MOTHER'S LEGAL GIVEN NAME(S) | | | | | | | | | | | | |
| MOTHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY) | | | | MOTHER'S BIRTH PLACE (CITY, PROV/STATE, COUNTRY) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| SIGNATURE: | | | | SIGNATURE: | | | | | | | | | | | | |
| DATE: | | | | DATE: | | | | | | | | | | | | |