

WESTWORTH UNITED CHURCH

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INFORMATION FOR MARRIAGE REGISTRATION

Date of Wedding: _____ Time of Wedding: _____
Date of Rehearsal _____ Time of Rehearsal _____
Place of Wedding _____ Place of Rehearsal _____

The following information is for the Division of Vital Statistics.

GROOM/PARTNER

BRIDE/PARTNER

Surname: _____
All Given
names: _____

Marital Status: _____
(Never Married, Widowed, Divorced)

(Never Married, Widowed, Divorced)

Birthdate : _____
(Month, Day, Year)

(Month, Day, Year)

Religious
Denomination: _____

Residence
Before Marriage: _____
Postal Code: _____

Residence
After Marriage including Postal Code: _____

Phone Numbers _____

Home: _____

Work: _____

Cell: _____

E-mail : _____

Occupation: _____

Birthplace: _____

Father's Surname: _____

Father's Given
Names: _____

Father's
Birthplace: _____

Maiden Surname
of Mother: _____

Mother's Given
Names: _____

Mother's
Birthplace: _____
