

Request for Marriage Record

Contact Name: _____
Address: _____

Date: _____
Phone: _____
Fax: _____
Email: _____

NOTE: All fees are payable in advance by certified cheque or money only.
Make money order payable to: Diocese of Keewatin **mail to:** Po box 567 Keewatin, ON P0X 1C0
Use a separate form for each search you are requesting. There is a \$15.00 fee each search.
\$15 Certificate fee, Mailing fee \$2.00. Total Fee is \$32

BRIDEGROOM INFORMATION

Name: _____
Date of Marriage: _____
Age when married; ____ Occupation: _____
Residence when married: _____
Parish/place of marriage: _____

Religious denomination
when married: _____
Father's Name: _____
Mother's Name: _____
Previous marriage(s)? Yes / No If yes, include
information below or use back of this page.

BRIDE INFORMATION

Name: _____
Date of Marriage: _____
Age when married: ____ Occupation: _____
Residence when married: _____
Parish/place of marriage: _____

Religious denomination
when married: _____
Father's Name: _____
Mother's Name: _____
Previous marriage(s)? Yes / No If yes, include
information below or on back of this page.

Marriage performed by: _____
Witnesses: _____ and _____

Additional Information:

