



MARRIAGE LICENCE/BANNS NO.

PROVINCE OF ONTARIO IN THE MATTER OF the proposed marriage of

TO WIT: _____ OF _____
 (Name in full) (Address - Giving Street and Number)

_____ OF _____
 (Name in full) (Address - Giving Street and Number)

B

I, _____ hereby swear
 (Name in full)

That I am the Mother Father Guardian of the said _____

I, _____ hereby swear
 (Name in full)

That I am the Mother Father Guardian of the said _____

NOTE: The Signature of Both Parents is Required Except where Section "C" is Applicable

C

1. That the Mother Father Both Parents is /are deceased.

2. That the Mother Father Both Parents is/are a patient in a psychiatric facility
 or a facility under the Development Services Act.

3. That I am living separate and apart from the child's Mother Father and have custody of the
 said _____

D

That He She is under the age of eighteen and was born on the _____ day of
 _____, year _____;

That I/We Hereby give My/Our Consent to the Said Marriage
 SWORN BEFORE ME AT THE

STATUS OF MUNICIPALITY	NAME OF MUNICIPALITY
of	
in the	REGIONAL MUNICIPALITY, COUNTY OR DISTRICT
in the	PROVINCE OR STATE
of	
dated this	day of year
A COMMISSIONER, ETC	

 Signature of Parent or Guardian

 Signature of Parent or Guardian

ISSUER OF LICENCE	Place of Issue	Date of Issue Year Month Day	Signature of Issuer
PERSON SOLEMNIZING MARRIAGE	Place of Publication	Date of First Publication Year Month Day	Signature of Clergyman