

# APPLICATION FOR MARRIAGE LICENCE

TARADALE  
PLATES  
LICENCES  
CORPORATE  
REGISTRY

505, 6520 Falconridge Blvd. NE, Calgary, AB T3J 3W6  
P 403.508.1105 F 403.508.1108  
www.taradaleregistry.com

## APPLICANT #1

Identification \_\_\_\_\_

Last Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Marital Status

Never Married  Divorced  Widowed

Divorce Certificate# \_\_\_\_\_

Divorce date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth (City/Province/Country) \_\_\_\_\_  
\_\_\_\_\_

Religion \_\_\_\_\_

Married in Baha'i Faith? Yes \_\_\_\_\_ No \_\_\_\_\_

Affirming \_\_\_\_\_ Sworn \_\_\_\_\_

Father's Full Legal Name

Last Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Father's Place of Birth

City/Town/Village \_\_\_\_\_

Country \_\_\_\_\_

Mother's Full Legal Maiden Name

Maiden Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Mother's Place of Birth

City/Town/Village \_\_\_\_\_

Country \_\_\_\_\_

## APPLICANT #2

Identification \_\_\_\_\_

Last Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Marital Status

Never Married  Divorced  Widowed

Divorce Certificate# \_\_\_\_\_

Divorce date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth (City/Province/Country) \_\_\_\_\_  
\_\_\_\_\_

Religion \_\_\_\_\_

Married in Baha'i Faith? Yes \_\_\_\_\_ No \_\_\_\_\_

Affirming \_\_\_\_\_ Sworn \_\_\_\_\_

Father's Full Legal Name

Last Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Father's Place of Birth

City/Town/Village \_\_\_\_\_

Country \_\_\_\_\_

Mother's Full Legal Maiden Name

Maiden Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Mother's Place of Birth

City/Town/Village \_\_\_\_\_

Country \_\_\_\_\_