



Sacred Heart Church

17 Washington Street

PARIS ONTARIO

N3L 2A2

Telephone (519) 442-2465

MARRIAGE REGISTRATION FORM

Name of **Bride**: _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

Name Of Father: _____

Name of Mother: _____

Name of **Groom**: _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

Name Of Father: _____

Name of Mother: _____

Email Address: _____

Telephone: _____

Name of Male Witness: _____

Name of Female Witness: _____

Date of the Wedding: _____

Once you have completed the form please drop off the form to the **office from Monday to Thursday at 8:00 a.m. to 2:00 p.m. or give to Father at Mass. Please call and make an appointment 6 months prior to your wedding date.**