

**\*\* FORM MA-1 \*\*\*\* PLEASE CHECK ACCURACY OF INFORMATION \*\***  
**INFORMATION REQUIRED FOR COMPLETION OF THE REGISTRATION OF MARRIAGE**

COMPLETE AND RETURN, by Fax 855-365-2144, or by Email to [Randall.Edge@gmail.com](mailto:Randall.Edge@gmail.com), or Smartphone Photo to Text 306-737-1760

The following information is required to prepare the registration which must be signed by the bride and groom at the time of the marriage ceremony.

Please complete all items in full and return the completed form immediately to the officiating Marriage Commissioner.

Six Digit Number on License

Place of Wedding Ceremony:
Wedding Date and Time:

**MARRIAGE LICENCE NUMBER** (must be obtained at least 24 hours before ceremony, form can be completed without this number, simply email it to Randall when you get the license)

Six Digit Number on License
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SPOUSE CONJOINTE(E)	
Surname / Last Name <i>(prior to this marriage) as listed on Marriage License</i>	
Full Given Name(s) as listed on Marriage License (First, Middle Names)	
Your First Name (that you would like used during ceremony)	
Martial Status as listed on Marriage License <input type="checkbox"/> Never Married / Celibataire <input type="checkbox"/> Widowed / Veuf/Veuve <input type="checkbox"/> Divorced / Divorce	
Religious Denomination (Optional)	
Date of Birth / Date de naissance Month / Mois      Day / Jour      Year / Annee	Sex / Sexe
Place of Your Birth - City, town, or other place, province <i>(or country)</i>	
If registered under the <i>Indian Act</i> : (optional) Name of Band ..... Registry Number / Numero d'enregistrement	
Your Residence After the Marriage - Complete address	
City, town or other place Ville ou autre endroit	Province <i>(or country)</i> Province <i>(ou pays)</i>
Postal Code Code Postal	
Surname / Last Name of Father	Given First Name of Father
Place of Birth of Father - Province, Country <i>(or "Not Known")</i>	
MAIDEN Surname / Last Name of Mother	Given First Name
Place of Birth of Mother - Province, Country <i>(or "Not Known")</i>	
How do you wish to be presented to your guests at the end of the wedding? <input type="checkbox"/> Mr. & Mrs. _____ <input type="checkbox"/> Your First Names Only	
Contact Phone (Cell Phone @ Wedding preferred)	
Contact Email	

SPOUSE CONJOINTE(E)	
Surname / Last Name <i>(prior to this marriage) as listed on Marriage License</i>	
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City, town or other place Ville ou autre endroit	Province <i>(or country)</i> Province <i>(ou pays)</i>
Postal Code Code Postal	
Surname / Last Name of Father	Given First Name of Father
Place of Birth of Father - Province, Country <i>(or "Not Known")</i>	
MAIDEN Surname / Last Name of Mother	Given First Name
Place of Birth of Mother - Province, Country <i>(or "Not Known")</i>	
Which set of Sample Vows do you want to be used for your ceremony? <b>Simple Vows</b> <b>Traditional</b> <b>Sand Ceremony</b> <b>Vows A</b> <input type="checkbox"/> <b>Vows B</b> <input type="checkbox"/> <b>Vows C</b> <input type="checkbox"/>	
<b>For Richer/Poorer</b> <b>Unity Candle</b> <b>Rose Ceremony</b> <b>Vows D</b> <input type="checkbox"/> <b>Vows E</b> <input type="checkbox"/> <b>Vows F</b> <input type="checkbox"/>	
<b>1st Cdn</b> <b>A Confirmation</b> <b>A Handfast</b> <b>Vows G</b> <input type="checkbox"/> <b>Vows H</b> <input type="checkbox"/> <b>Vows I</b> <input type="checkbox"/>	
<b>Own Vows</b> <input type="checkbox"/> <i>Please email at least 1 week before Wedding Day</i>	

Will you have any special requests for special arrangements or presentations during the wedding ceremony? Please explain:
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<b>NAME &amp; ADDRESS of the Two (2) Witnesses (18 Years of Age and Over)</b>	Estimated Number of Guests?	
1.	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="text-align: center;"> </td> </tr> </table>	
2.		