



Archdiocese of Toronto

ST. NORBERT'S ROMAN CATHOLIC PARISH

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416.636.0213
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PLEASE CLEARLY FILL THIS FORM IN BLOCK CAPITALS LETTERS

Groom

Bride

_____	Surname	_____
_____	Given name(s)	_____
_____ - _____	Birth date/Age ¹	_____ - _____
_____	Address	_____
_____		_____
____ / _____ ; ____ / _____	Telephone	____ / _____ ; ____ / _____
_____	Email	_____
_____	Occupation	_____
Date _____	Baptism	Date _____
Place _____		Place _____
_____	Proof of Baptism ¹¹	_____
_____	Religion/Rite ¹⁰	_____
_____	If a Convert, Date & Place of Reception	_____
_____	Date & Place of Confirmation	_____
_____	Present Parish	_____

Witnesses (must be over 16 years of age):

Name: _____	Address: _____
Name: _____	Address: _____