



Archdiocese of Toronto

ST. NORBERT'S ROMAN CATHOLIC PARISH

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PLEASE CLEARLY FILL THIS FORM IN CAPITALS LETTERS

Groom

Bride

_____	Surname	_____
_____	Given name(s)	_____
_____ - _____	Birth date/Age ¹	_____ - _____
_____	Address	_____
_____		_____
____/____ ; ____/____	Telephone	____/____ ; ____/____
_____	Email	_____
_____	Occupation	_____

_____ Religion/Rite¹⁰ _____

_____ If a Convert, Date & Place of Reception _____

Witnesses (must be over 16 years of age):

Name: _____ Address: _____

Name: _____ Address: _____