Transfiguration of Our Lord Church 45 Ludstone Drive, Etobicoke, ON M9R 2J2 translord45@gmail.com Transfigurationet@archtoronto.org

Telephone: 416.247.0513 Fax: 416.247.0513

INFORMATION REQUIRED FOR PRENUPTIAL ENQUIRY

GROOM NAME _____ ADDRESS Tel: Home WORK EMAIL OCCUPATION_____CITIZENSHIP____ DATE OF BIRTH _____AGE_____ RELIGION /RITE PREVIOUS MARRIAGE (NO) (YES) IF, YES (CHURCH) or (CIVIL)? Please provide where previous marriage took place _____ FATHER'S SURNAME ______1ST NAME______ ADDRESS _____ BIRTHPLACE RELIGION/RITE MOTHER'S MAIDEN NAME______1ST NAME_____ ADDRESS _____ BIRTHPLACE ______RELIGION/RITE_____

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BRIDE	
NAME	
ADDRESS	
Tel: Home	WORK
EMAIL	
OCCUPATION	CITIZENSHIP
DATE OF BIRTH	AGE
PLACE OF BIRTH	
RELIGION /RITE	
PREVIOUS MARRIAGE (NO) (YE	S) IF, YES (CHURCH) or (CIVIL)?
Please provide where previous man	rriage took place
FATHER'S SURNAME	1 ST NAME
ADDRESS	
	RELIGION/RITE
MOTHER'S MAIDEN NAME	1 ST NAME
ADDRESS	
BIRTHPLACE	RELIGION/RITE