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|  | OCC – Request for Marriage Services by the Mayor | Office of the City Clerk |
| | Request for Marriage Services | |

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| Spouse #1 Information | SECTION 1 |
|-----------------------|------------------|

Full Name _____

Date of Birth _____ Place of Birth _____

Address _____

Address after wedding (If different) _____

Phone (work) _____ (cell) _____

Email _____ Religion _____

Mother's full name at birth _____

Mother's birthplace _____

City/town Province Country

Father's full name at birth _____

Father's birthplace _____

City/town Province Country

| | |
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| Spouse #2 Information | SECTION 2 |
|-----------------------|------------------|

Full Name _____

Date of Birth _____ Place of Birth _____

Address _____

Address after wedding (If different) _____

Phone (work) _____ (cell) _____

Email _____ Religion _____

Mother's full name at birth _____

Mother's birthplace _____

City/town Province Country

Father's full name at birth _____

Father's birthplace _____

City/town Province Country

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|--|--|--|--|
| OCC – Request for Marriage Services by the Mayor | Office of the City Clerk | | |
| Information about the Event | SECTION 3 | | |
| <p>Preferred date requested for Marriage _____ Time requested _____</p> <p>Second date choice requested for Marriage _____ Time requested _____</p> <p>(Thursday or Friday between 11:00 a.m. and 3:00 p.m. and not confirmed until confirmation email received from City representative. Other date may be noted above and approved but times are allotted during the above noted for wedding services.)</p> <p>Location Preference: Mayor's Lounge Council Chambers Courtyard</p> <p>Full Name of Witness #1 _____</p> <p>Address of Witness #1 _____</p> <p>Full Name of Witness #2 _____</p> <p>Address of Witness #2 _____</p> | | | |
| Any additional information | SECTION 4 | | |
| <p>Please provide any additional information about the event:</p> | | | |
| Privacy Notice | SECTION 5 | | |
| <p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your request for wedding services from the Mayor. The information collected will be used to aid the Mayor's Office in filling out the required forms from Vital Statistics on your behalf and will not be shared or used for any other purpose. The form and all if its information contained therein will be destroyed once the required wedding documents are complete. Further questions about the collection and use of the information may be directed to the Mayors Office, by telephone: 709-576-8207 or email: mayor@stjohns.ca</p> | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Please send completed form to:</p> <p>By Mail: Office of the City Clerk P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2 Email: mayor@stjohns.ca</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Or hand deliver to:</p> <p>City of St. John's Office of the City Clerk Fourth Floor, City Hall Office Hours: 9:00 a.m. – 4:30 p.m. Tel: (709) 576-8207</p> </td> </tr> </table> | | <p>Please send completed form to:</p> <p>By Mail: Office of the City Clerk P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2 Email: mayor@stjohns.ca</p> | <p>Or hand deliver to:</p> <p>City of St. John's Office of the City Clerk Fourth Floor, City Hall Office Hours: 9:00 a.m. – 4:30 p.m. Tel: (709) 576-8207</p> |
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