

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

Spouse #1 Information	<b>SECTION 1</b>
-----------------------	------------------

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Address after wedding (If different) \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Religion \_\_\_\_\_

Mothers full name at birth \_\_\_\_\_

Fathers full name at birth \_\_\_\_\_

Spouse #2 Information	<b>SECTION 2</b>
-----------------------	------------------

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Address after wedding (If different) \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ Religion \_\_\_\_\_

Mothers full name at birth \_\_\_\_\_

Fathers full name at birth \_\_\_\_\_

## Information about the Event

**SECTION 3**

Preferred date requested for Marriage \_\_\_\_\_ Time requested \_\_\_\_\_

Second date choice requested for Marriage \_\_\_\_\_ Time requested \_\_\_\_\_

(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.)

Location Preference      Mayor's Lounge              Council Chambers              Courtyard

Full Name of Witness #1 \_\_\_\_\_

Full Name of Witness #2 \_\_\_\_\_

## Any additional information

**SECTION 4**

Please provide any additional information about the event:

## Privacy Notice

**SECTION 5**

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](mailto:mayor@stjohns.ca)

**Please send completed form to:**

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](mailto:mayor@stjohns.ca)

**Or hand deliver to:**

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