STETTLER REGISTRY SERVICES

5022 50 ST – PO Box 1030, STETTLER, AB, T0C-2L0

SPOUSE 1 INFORMATION

Last Name: _____

Given Names: _____

Address: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

Marital Status:

☐ Never Married

☐ Widowed

☐ Divorced

Date of Birth: _____

Place of Birth: _____

SPOUSE 1 AGE: _____

SPOUSE 1 FATHER'S FULL NAME:

Last Name: _____

Given Names: _____

Place of Birth: _____

Province & Country: _____

SPOUSE 1 MOTHER'S FULL NAME:

Maiden Name: _____

Given Names: _____

Place of Birth: _____

Province & Country: _____

SPOUSE 2 INFORMATION

Last Name: _____

Given Names: _____

Address: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

Marital Status:

☐ Never Married

☐ Widowed

☐ Divorced

Date of Birth: _____

Place of Birth: _____

SPOUSE 2 AGE: _____

SPOUSE 2 FATHER'S FULL NAME:

Last Name: _____

Given Names: _____

Place of Birth: _____

Province & Country: _____

SPOUSE 2 MOTHER'S FULL NAME:

Maiden Name: _____

Given Names: _____

Place of Birth: _____

Province & Country: _____

IF DIVORCED, THE DIVORCE CERTIFICATE OF DIVORCE DRCREE MUST BE PRESENT

** BOTH PARTIES MUST PRESENT VALID IDENTIFICATION – PASSPORT/DRIVERS LICENSE/ BIRTH CERTIFICATES ARE ALL ACCEPTED EXAMPLES. **