



TOWNSHIP OF
ASHFIELD - COLBORNE - WAWANOSH

MARRIAGE COMMISSIONER BOOKING FORM

PLEASE PRINT CLEARLY

1. Name of 1st Applicant: _____
(Last name first)

2. Name of 2nd Applicant: _____
(Last name first)

3. Primary Contact will be: _____

4. Address of Primary Contact:
(please provide details if the individual serving as primary contact is other than one of those getting married)

5. Phone Numbers of Primary Contact – Home: _____

Business: _____

Cell: _____

6. E-Mail address: _____

7. Intended Date of Wedding (Month/Day/Year) _____

8. Location of Wedding (specify as exact an address as possible)

9. Approximate time of wedding: _____

10. Date of Rehearsal (if applicable)
(Month/Day/Year) _____

11. Which Marriage Commissioner would you like to conduct your ceremony?

Mark Becker

Rob McGregor

Doesn't matter (we will assign a commissioner to you in this case)

Travel and Rehearsal fees if applicable may apply
(paid directly to chosen commissioner)