



Celebrating and honouring life's precious moments

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WEDDING INFORMATION			
Partner A		Partner B	
Name*		Name*:	
Birth date*: <i>(please write in full)</i>		Birth date*: <i>(please write in full)</i>	
Address*: City*: Prov*: Postal code*:		Address*: City*: Prov*: Postal code*:	
Occupation*:		Occupation*:	
Home tel:	Cell tel:	Home tel:	Cell tel:
Email:		Email:	
Name of parent*:		Name of parent*:	
Name of parent*:		Name of parent*:	
DATE, TIME, LOCATION			
WEDDING DATE <i>(please write in full)</i>	WEDDING TIME	Will wedding take place during statutory holiday/long weekend? <input type="checkbox"/> No <input type="checkbox"/> Yes (additional \$100 applies)	
WEDDING VENUE & STREET ADDRESS <i>(include city and postal code)*</i>			
WEDDING VENUE TEL AND WEBSITE			
WEDDING SERVICES NEEDED			
<input type="checkbox"/> Marriage Officer		<input type="checkbox"/> Wedding Coordinator	
<input type="checkbox"/> Photographer			
WITNESSES FOR COUPLE (two people over 18 years old)			
Name of witness*: Relationship to partner A: City*: Prov*: Tel: Email:		Name of witness*: Relationship to partner A: City*: Prov*: Tel: Email:	
Consultation requested for week of: _____ 2017 <input type="checkbox"/> Evening <input type="checkbox"/> Weekend How did you learn about us? <input type="checkbox"/> LC website <input type="checkbox"/> Friend <input type="checkbox"/> Google <input type="checkbox"/> Other _____			

* This information is required by the Marriage Office of the Registrar General.