

MARRIAGE CERTIFICATE

This is to Certify

that _____
Groom: Given Names(s) Last Name

and _____
Bride: Given Name(s) Maiden Name

**WERE LAWFULLY UNITED IN THE HOLY BONDS OF MATRIMONY
ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH
AND IN CONFORMITY WITH THE LAWS OF THE PROVINCE OF ALBERTA**

on _____
Date (dd/mmm/yy)

in _____
Name of Catholic Church

in _____
City/Town Province Country

Rev. _____ officiating
Priest/Deacon

Witness _____
Given Name(s) Last Name

Witness _____
Given Name(s) Last Name

AS RECORDED IN THE MARRIAGE REGISTER OF THIS CHURCH

Date (dd/mmm/yy) Signature of Pastor

Name of Pastor (printed)

