

MARRIAGE COMMISSIONER

For the **PROVINCE** of **ALBERTA**

W.J. (Jim) SAMARODEN 29 – Bennett Cresc. Fort McMurray, AB. T9H 1H4

Toll Free Fax: 1-855 213-2747 Ph: 780 714-7777 e-mail: wjsamaroden@gmail.com Web: www.wedding-commissioner.ca

WEDDING INFORMATION FORM

file no. MC17-_____

Wedding Date _____ Day of the week: _____ Today's Date: _____

Time: _____ Location: _____

Rehearsal **\$60.00** Y N Date: _____ Time: _____ Place _____

Valid License Received: Yes No # _____ -2017 Date _____

Approximate Number of Guests _____ Number in **Bridal Party** _____

Appointment for completion of last minute details

Date: _____ Time _____ Place _____

Groom: (Short or Nick Name for ceremony) _____ Ph res: _____ cell: _____

Full Legal Name _____ Work Number: _____

Bride: (Short or Nick Name for ceremony) _____ Ph res: _____ cell: _____

Full Legal Name _____ Work Number: _____

Home Address _____

City _____ PC _____ email _____

Witnesses: Own ___ or provided by Marriage Commissioner (**\$40 Ea.**) 1 wit. ___ 2 wit. ___ **Witness Total \$** _____

Full Legal Name of 1st Witness: _____

Complete Address _____ PC _____ Daytime Ph # _____

Full Legal Name of 2nd Witness: _____

Complete Address _____ PC _____ Daytime ph # _____

No. of rings _____ Procession: yes: _____ no: _____ Bride to be Given Away: yes _____ no _____

By Whom: _____

How would you like to be introduced , after married?:

Vow Preference & Information: civil vows _____ own vows _____ sample vows _____

Notes: _____

Special Requests:

***Thirty days written cancellation notice required for refund of \$200.00
(\$60 deposit fee is retained)**

FOR OFFICE USE ONLY

| | | | |
|-------------------------------|---|----------------------|--------|
| Basic Price: | \$ 300 . 00 | File #: | _____. |
| Special Vows + \$60.00 | \$ _____ . 00 | Date: | _____ |
| Rehearsal + \$60.00 | \$ _____ . 00 | Date: | _____ |
| Travel exp. (mileage) | \$ _____ . 00 | | |
| Witness provided + \$80.00 | \$ _____ . 00 (\$40 ea) or your own witnesses – no charge | | |
| Balance | \$ _____ . 00 | | |
| GST 5% | \$ _____ . 00 | | |
| Deposit Fee - \$100.00 | \$ _____ . 00 to hold date | Date pd: | _____ |
| Payment Made: | \$ _____ . 00 | Date pd: | _____ |
| Balance Due: | \$ _____ . 00 | | |
| Payment Amount: | \$ _____ . 00 | Date pd: | _____ |
| Balance | \$ <u><i>NIL</i></u> . 00 | | |
| <hr/> | | | |
| Each 1/2 HOUR LATE | \$ 35.00 | Final Payment | _____ |
| FINAL BALANCE | \$ _____ | | |
| Method of Payment: | Cheque _____ Cash _____ | | |
| Office Verification: | _____ | | |

Signature/s

_____ (GROOM)

_____ (BRIDE)