



TOWNSHIP OF
ASHFIELD-COLBORNE-WAWANOSH

82133 Council Line, R.R. #5
Goderich, Ontario N7A 3Y2

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MARRIAGE COMMISSIONER BOOKING FORM

Name of 1st Applicant: _____ (Last name, First Name)

Name of 2nd Applicant: _____ (Last name, First Name)

Primary Contact will be: _____

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

Phone Numbers of Primary Contact:

Home: _____ Business: _____ Cell: _____

E-Mail Address: _____

Date of Wedding: _____ (Month/Day/Year)

Location of Wedding (specify as exact an address as possible):

Approximate time of wedding: _____

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

Which Marriage Commissioner would you like to conduct your ceremony?

Darien Gregory

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)