CITY OF HAMILTON
CIVIL MARRIAGE CEREMONY
QUESTIONNAIRE

Please complete the following information prior to attending the Consultation. (PLEASE PRINT in block or capital letters)

1. MARRIAGE LICENCE: Marriage Licences are valid for 90 days only.

   Licence Number:____________________  Date Issued:___________________

2. APPLICANTS: Please bring Photo I.D. to the Consultation

Applicant:

   Name:___________________________________________________________
   Photo I.D.:______________________________________________________
   Occupation:_______________________________________________________
   Phone Number:____________________________________________________

Joint Applicant:

   Name:___________________________________________________________
   Photo I.D.:______________________________________________________
   Occupation:_______________________________________________________
   Phone Number:____________________________________________________

3. WITNESSES: (Witnesses to the marriage must be able to communicate in English and must be 14 years of age or older)

   Witness 1:
   Name:___________________________________________________________
   Full Address:____________________________________________________

   Witness 2:
   Name:___________________________________________________________
   Full Address:____________________________________________________

5. CEREMONY DETAILS:

   Date:________________  Time:______ a.m. or p.m. Receipt #:__________________

Location of Ceremony: Council Chamber / Room 830 / Outside (Please circle your choice) (Council Chamber and Outside can accommodate a maximum of 10 people (Couple; Witnesses (2); 5 guests + the Officiant); Room 830 can accommodate a maximum of 5 people (Couple; Witnesses (2) and the Officiant)
City of Hamilton
Civil Marriage Ceremony Questionnaire

Number of Guests: ___ Ceremony/Vows Option #: ___ (refer to the City’s website for options)

Will there be personalized vows? Yes or No (if you answered ‘Yes’, please bring a copy of the vows to the Consultation meeting)

Would you like to acknowledge a family member(s)? Yes or No, if yes, please provide their name(s):
________________________________________________________________

Will anyone be giving away the applicant(s)? Yes or No (Please circle)

If you answered ‘Yes’, Name(s):
______________________________________________________________

Will rings be exchanged? Yes or No (Please circle)

Will there be an exchange of embrace? Yes or No (Please circle)

Will there be photographs taken during the ceremony? Yes or No (Please circle)

How would you like to be introduced: Husband & Wife / Partners in Life / Married Couple (Please circle)

Additional Comments/Details: _______________________________________
________________________________________________________________

5. CITY OF HAMILTON POLICY REVIEW:

Please check (√) that you have reviewed and will comply with the following:

☐ No alcohol is permitted on City of Hamilton property.

☐ No consumption of alcohol or stimulants shall be permitted prior to or during the ceremony for the applicants and witnesses. (the Officiant may cancel the ceremony if rule is violated)

☐ No music or flowers will be provided by the City during the ceremony.

☐ No religious connotation shall be contained in the ceremony.

☐ No decorations or confetti, bubbles, rice, candles or incense are allowed in or outside of City Hall.

Personal Information contained on this form, is collected under the authority of Section 24 of the Marriage Act, R.S.O.1990, Chapter M3 and will be used for the purpose of performing a civil marriage ceremony. Questions regarding this collection should be directed to the Manager, Records and Freedom of Information, 71 Main Street West, Hamilton, ON L8P 4Y5 or (905) 546-2424 Ext. 2743