



Civil Marriage Ceremony Registration Form



Name Participant 1: _____
(Please print legibly)

Address: _____

Home/Cell No.: _____

Email: _____

Name Participant 2: _____
(Please print legibly)

Address: _____

Home/Cell No.: _____

Email: _____

Preferred Ceremony Date, 1st Choice: _____

Preferred Ceremony Date, 2nd Choice: _____

Witness Name (optional): _____

Signature Participant 1: _____

Signature Participant 2: _____

Scan and return this form to: Susan M. Domen, MMC, City Clerk



Date Set for Ceremony: _____