



ՄՈՒՐԲ ՅԱԿՈԲ ԱՌԱՋ. ՄԱՅՐ Է ԿԵՂԵՅԻ

Église Arménienne Sourp Hagop Armenian Church

Կը խնդրուի այս հարցարանը լեցնել (1-11 կէտերը հայերէն,) իր երկու երեսներով եւ վայն յանձնել Ս. Յակոբ Եկեղեցւոյ դիւանապրուն: Շնորհակալուիլն:

ՊՍԱԿԻ ՀԱՐՑԱՐԱՆ

01. ՊՍԱԿԻ ԹՈՒԱԿԱՆ ԵՒ ԺԱՍ _____

02. ՓԵՍԱՅԻ ՄԱԿԱՆՈՒՆ ԵՒ ԱՆՈՒՆ _____

03. ՓԵՍԱՅԻ ԴԱԻԱՆԱՆՔ _____

04. ՓԵՍԱՅԻ ԻՄԱԿԻ (email) ՀԱՍՑԷ _____

05. ՀԱՐՍԻ ՄԱԿԱՆՈՒՆ ԵՒ ԱՆՈՒՆ _____

06. ՀԱՐՍԻ ԴԱԻԱՆԱՆՔ _____

07. ՀԱՐՍԻ ԻՄԱԿԻ (email) ՀԱՍՑԷ _____

08. ԽԱՋԵՂԲՕՐ ՄԱԿԱՆՈՒՆ ԵՒ ԱՆՈՒՆ _____

09. ԽԱՋԵՂԲՕՐ ԴԱԻԱՆԱՆՔ _____

10. ՀԱՐՍՆՔՐՈՋ ՄԱԿԱՆՈՒՆ ԵՒ ԱՆՈՒՆ _____

11. ՀԱՐՍՆՔՐՈՋ ԴԱԻԱՆԱՆՔ _____

12. ՊՍԱԿՈՂ ԵԿԵՂԵՅԱԿԱՆ _____

13. ԱՌԱՋ. ՎԿԱՅԱԳՐԻ ԹԻԻ _____

14. ԿԱՌԱՎ. ՎԿԱՅԱԳՐԻ ԹԻԻ _____

15. ՍԱԿ _____

16. ՍՏԱՅԱԳԻՐ _____

Please type or print in block letters. Press firmly.
Please read instructions on the reverse side before filling out.

PLACE AND DATE OF MARRIAGE

1. Place of solemnization of the marriage (name of the place of worship, of the municipality and, in the case of a civil marriage, of the judicial district)
SOURP HAGOP ARMENIAN CHURCH, MONTREAL

2. Address of the place of solemnization of the marriage
 No. Street Municipality Province or country Postal code
3401 OLIVAR ASSELIN, MONTREAL, QC H4J1L5

3. Date of marriage

4. Indicate whether a dispensation from publication was authorized.

5. If one of the spouses is a minor, check here to indicate that the authorizations or consents have been obtained.

SPOUSE <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		SPOUSE <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. Surname (according to the act of birth)	17. Surname (according to the act of birth)	7. Usual and other given names (according to the act of birth)	18. Usual and other given names (according to the act of birth)
8. Place of birth (municipality, province or country)	19. Place of birth (municipality, province or country)	9. Place where birth was registered (place of worship, municipality, province or country)	20. Place where birth was registered (place of worship, municipality, province or country)
10. Date of birth	21. Date of birth	11. Marital status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Former civil union spouse	22. Marital status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Former civil union spouse
12. Date of spouse's death, or of divorce, or of the dissolution of the civil union	23. Date of spouse's death, or of divorce, or of the dissolution of the civil union	Divorce judgment No. or Civil Union Dissolution No.	Divorce judgment No. or Civil Union Dissolution No.

13. Address of spouses' domicile after the marriage
 No. Street Municipality Province or country Postal code

14. Surname and usual given name of mother (according to the act of birth) Name Given name	24. Surname and usual given name of mother (according to the act of birth) Name Given name
15. Surname and usual given name of father (according to the act of birth) Name Given name	25. Surname and usual given name of father (according to the act of birth) Name Given name
16. Surname and usual given name of witness (according to the act of birth) Name Given name	26. Surname and usual given name of witness (according to the act of birth) Name Given name

IDENTIFICATION AND SIGNATURE OF OFFICIANT

27. Surname of officiant **KOYOUNIAN**

28. Given name of officiant **REV. FR. KARNIG**

29. Quality of officiant
 Minister of religion Designated person
 Clerk or deputy clerk Notary

30. Religious society to which marriage officiant belongs (as indicated on the authorization issued by the Directeur de l'état civil)
SOURP HAGOP ARMENIAN CHURCH

31. Officiant Code No. or Notary Code No.
23926

32. Address of officiant's domicile (No., street, municipality, province or country)
4822 DE LUCERNE, PIERREFONDS-ROXBORO, QC

Postal code **H8Y2E2**

SPOUSE		SPOUSE	
Age	44. Mother tongue French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)	Age	47. Mother tongue French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)
	45. Last year of schooling successfully completed <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University		48. Last year of schooling successfully completed <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University
46. Domicile before the marriage (mun., prov. or country) Postal code	49. Domicile before the marriage (mun., prov. or country) Postal code	46. Domicile before the marriage (mun., prov. or country) Postal code	49. Domicile before the marriage (mun., prov. or country) Postal code
Phone number - At home	At work	Phone number - At home	At work