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2/p

SCHEDULE G—7 & 8 Vic., cap. 81.] Registrar's District of _____

19 ____ Marriage solemnized at _____ in the _____ of _____ in the _____

No.	When Married.	Name and Surname.	Age.	Condition.	Rank or Profession.	Residence at the Time of Marriage	Father's Name and Surname.	Rank or Profession of Father

Married in the _____ according to the Form and Discipline of the Presbyterian Church, _____ by me,

This Marriage was solemnized between us, { _____ } in the Presence of us, { _____ }

19 ____ Marriage solemnized at _____ in the _____ of _____ in the _____

No.	When Married.	Name and Surname.	Age.	Condition.	Rank or Profession.	Residence at the Time of Marriage	Father's Name and Surname.	Rank or Profession of Father

Married in the _____ according to the Form and Discipline of the Presbyterian Church, _____ by me,

This Marriage was solemnized between us, { _____ } in the Presence of us, { _____ }

19 ____ Marriage solemnized at _____ in the _____ of _____ in the _____

No.	When Married.	Name and Surname.	Age.	Condition.	Rank or Profession.	Residence at the Time of Marriage	Father's Name and Surname.	Rank or Profession of Father

Married in the _____ according to the Form and Discipline of the Presbyterian Church, _____ by me,

This Marriage was solemnized between us, { _____ } in the Presence of us, { _____ }

19 ____ Marriage solemnized at _____ in the _____ of _____ in the _____

No.	When Married.	Name and Surname.	Age.	Condition.	Rank or Profession.	Residence at the Time of Marriage	Father's Name and Surname.	Rank or Profession of Father

Married in the _____ according to the Form and Discipline of the Presbyterian Church, _____ by me,

This Marriage was solemnized between us, { _____ } in the Presence of us, { _____ }

BINDING EDGE—(This Margin not to be written on.)

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I _____ of _____ in the County of _____ do hereby Certify That the foregoing, comprising Entr numbered _____, is a true copy of the Entr so numbered, made in the Marriage Register Books of the said _____ Witness my hand this _____ day of _____ 19 ____

Signature of Minister.