

RS141, B4/1920

FORM C.-2.

This form if placed in an unsealed envelope marked "Vital Statistics" and properly addressed will, by order of the Postmaster General, pass through the mails "FREE".

PROVINCE OF NEW BRUNSWICK
DEPARTMENT OF HEALTH

OFFICIAL NOTICE OF MARRIAGE

REGISTERED No. **002045**

(For use of Registrar General only.) 004

Sub-Health District of GloUCESTER Sub-Deputy Registrar area of J. McRae

BRIDEGROOM

1. Full name Robichaud, Albert
(Surname) (Given name)
2. Occupation Farmer 004
3. Bachelor, Widower or Divorced Bachelor 0
4. Age 23 5. Religious Denomination Catholic 23
6. Residence St. Rose Gloucester Co. N.B. 09
(If born in Canada, province, county and Post Office address. If foreign, give country.)
7. Place of birth St. Rose Gloucester Co. N.B. 04
8. Name of father George Robichaud
9. Place of birth of father Shippagan N.B. 08
10. Maiden name of mother (late) Elizabeth Kenny 20
11. Can bridegroom read? yes Write? yes 0

BRIDE

12. Full name Gauvin, Carmela
(Surname) (Given name) X
13. Occupation Household work at home X
14. Spinster, Widow or Divorced Spinster 0
15. Age 28 16. Religious Denomination Catholic 28
17. Residence St. Rose Gloucester Co. N.B. 09
(If born in Canada, province, county and Post Office address. If foreign, give country.)
18. Place of birth St. Rose Gloucester Co. N.B. 04
19. Name of father Olivier Gauvin
20. Place of birth of father St. Rose Gloucester Co. N.B. 04
21. Maiden name of mother Oline Roy
22. Can bride read? no Write? no 2M

23. When married tenth day of may 19 20
(Month) (Year) X
24. Place of marriage Immaculate Conception Church Upper Pokenouche, N.B.
(Name of church or clergyman's residence or location of dwelling house) 1

25. By license or banns none
26. Signature of Groom Albert Robichaud
Bride Carmela Gauvin
Name George Gauvin
Address St. Rose N.B.
27. Witnesses Name Lucille Robichaud
Address St. Rose N.B.

I certify the above stated particulars are true to the best of my knowledge and belief.
Clergyman (Rev) Francois Daigh
(Signature)
Address Upper Pokenouche, N.B.
Religious Denomination Catholic 09
Registered No. 8 Filed at this office 31st day of May 19 20
Signature of Sub-Deputy Registrar Francois Daigh

NOTE.—This form must not be mutilated. All information asked for is to be given including full Christian and Surnames of all parties, and if for any reason this is impossible, the reason for the omission must be stated.