



REQUEST FOR MARRIAGE CERTIFICATE

The following form needs to be completed in its entirety in order to apply for your Marriage Certificate.

Applicant's Surname (Last Name):		Applicant's Maiden Name (If Applicable):	
Applicant's First Name:		Applicant's Middle Name (If Applicable):	
Applicant's Date of Birth:		Applicant's Place of Birth (Parish):	
Applicant's Cellular No.:	Applicant's E-Mail Address:		
Date of Marriage:		Parish of Marriage:	
Spouse's Last Name, First Name and Middle Name:		Spouse's Date of Birth:	
Spouse's Place of Birth (Parish):		Applicant's Return Address:	
Fee £7.00. (£5.00 fee and £2.00 for regular return postage. Send payments through MoneyGram payable to: Annmarie Miriam Hazrah Mason. Please forward tracking number and form by Email to: birthdeathgov@gmail.com			

FORWARD APPLICATION AND FEE TO:

DEPUTY REGISTRAR GENERAL
Births, Deaths and Marriage Certificates
Ministry of Health
Ministerial Complex
Botanical Gardens
Tanteen
St. George's
GRENADA, W. I.
Tel. (473) 440-2806