

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 (<i>Last Name</i>):		Applicant's Maiden Name (<i>lf Applicable</i>):	
Applicant's First Name:		Applicant's Middle Name (<i>If Applicable</i>):	
Applicant's Date of Birth:		Applicant's Place of Birth (<i>Parish</i>):	
Applicant's Cellular No.:	Applicant's E–Ma	Iail Address:	
Date of Marriage:		Parish of Marriage:	
Spouse's Last Name, First Name and MiddleName:			Spouse's Date of Birth:
Spouse's Place of Birth (<i>Parish</i>):		Applicant's Return Address:	
Fee £7.00 . (<i>£5.00 fee and £2.00 for regular return</i> <i>postage. Send payments through MoneyGram payable</i> <i>to: Ms. Anthonia James</i> Please forward tracking number and form by Email to: <u>birthdeathgov@gmail.com</u>			

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