



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 US\$16.00. (<i>US\$15.00 fee and US\$1.00 for regular return postage. Make International Postal Order payable to: Deputy Registrar General.</i>)			

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