

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 (<i>If Applicable</i>):	
Applicant's Christian Name (First Name):		Applicant's Middle Name(s) (If Applicable):		
Applicant's Date of Birth:		Applicant'	Applicant's Place of Birth (Parish):	
Applicant's Cellular No.:	Applicant's E-Mai	l Address:		
Date of Marriage:	Parish	of Marriage:		
Spouse's First, Middle and Last Name:			Spouse's Date of Birth:	
Spouse's Place of Birth (Parish/Country): App		Applicant's Re	turn Address:	
Fee US\$6.40. (EC\$15.00 fee and EC\$2.10 for regular return postage. Make International Postal Order payable to: Deputy Registrar General).				

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