



APPLICATION FOR MARRIAGE CERTIFICATE

*Please read instructions carefully and print clearly. Incomplete applications WILL NOT be processed.
If boxes marked with an “*” are not filled in, your application is incomplete.*

ORDER DETAILS	1 PRODUCT DETAILS			
	<i>Type of Product Requested</i>		<i>*Quantity</i>	<i>Type of Product Requested</i>
	Small Size Marriage Certificate (\$25.00)			Certified Photocopy of Registration of Marriage (\$50.00)
Framing Size Marriage Certificate (\$25.00)			Genealogical Photocopy of Registration of Marriage (\$50.00)	
MARRIAGE DETAILS	2 DETAILS OF PERSON NAMED ON CERTIFICATE [“Subject”]			
	3 <i>*Subject's Last Name Prior to this Marriage</i>		4 <i>*Subject's First Given Name</i>	
	5 Subject's Second Given Name(s)		6 Subject's Last Name at Birth	
	7 Subject's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		8 <i>*Subject's Date of Marriage</i> - Month/Day/Year	
	9 <i>*Subject's Place of Marriage</i> - City/Town/Village/Other , Saskatchewan		10 Marriage Registration Number	
SPOUSE DETAILS	11 Subject's Date of Birth - Month/Day/Year		12 Subject's Place of Birth - City/Town/Village/Other AND Province/State AND Country	
	13 <i>*Spouse's Last Name Prior to this Marriage</i>		14 <i>*Spouse's First Given Name</i>	
	15 Spouse's Second Given Name(s)		16 Spouse's Last Name at Birth	
	17 Spouse's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		18 Spouse's Date of Birth - Month/Day/Year	
19 Spouse's Place of Birth – City/Town/Village/Other AND Province/State AND Country				
20 FOR OFFICE USE ONLY				
Reg Date:		Reg #:		
Date Received:		Date of Pick-Up:		
APPLICANT DETAILS MAILING ADDRESS DETAILS	21 THE FOLLOWING MUST BE COMPLETED BY THE PERSON APPLYING FOR THE MARRIAGE CERTIFICATE [“Applicant”] <i>*A readable photocopy of the Applicant's identification MUST be attached to this Application for Marriage Certificate.</i>			
	22 <i>*Applicant's First Given Name</i>		23 Applicant's Second Given Name(s)	
	24 <i>*Applicant's Current Last Name</i>		25 <i>*Mailing Address</i> - Apartment #- Street #- Street Name - P.O. Box	
	26 If Mailing Address is to a Business, Attention:		27 <i>*City/Town/Village/Other</i>	
	28 <i>*Province/State</i>		29 <i>*Country</i>	
	30 Postal / Zip Code		31 Telephone - Home	
	32 Telephone - <input type="checkbox"/> Work <input type="checkbox"/> Cell		33 Email	
	34 <i>*Reason Why Certificate is Requested</i>		35 <i>*Applicant's Relationship to Person Named on Certificate</i> <input type="checkbox"/> Myself <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other: _____	
	36 <i>*Method of Delivery Requested</i> <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up <input type="checkbox"/> Priority Service: <i>Additional \$30.00</i>		37 <i>*Payment Method: CANADIAN FUNDS ONLY</i> <input type="checkbox"/> Debit or <input type="checkbox"/> Cash - In Person Only <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order - Payable to ISC <i>IF</i> <input type="checkbox"/> Visa , <input type="checkbox"/> MasterCard or <input type="checkbox"/> ISC Account (<i>Complete Payment Information Form and attach to Application</i>)	
	38 <i>*Payment Amount</i>		39 <i>*Signature of Applicant</i>	
40 <i>*Date Applicant Signed Application</i> - Month/Day/Year				