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 Christian Name (*First Name*):** | | | | | **Applicant’s Middle Name(s) (*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 First, Middle and Last Name:** | | | | | | **Spouse’s Date of Birth:** |
| **Spouse’s Place of Birth (*Parish/Country*):** | | |  | **Applicant’s Return 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:

**CONSULATE GENERAL OF GRENADA**

11900 Biscayne Boulevard

Suite 740

North Miami, FL 33181–2733

# Tel. (305) 570–2716 x.102

# WhatsApp (305) 465–1957