REQUEST FOR MARRIAGE CERTIFICATE

The following form needs to be completed in its entirety in order to apply for your Marriage Certificate.

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| **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