



Application for a Manitoba Marriage Document Please PRINT clearly to complete the front and back of this application.

Incomplete applications or those with insufficient payment will be returned.

Page 1 of 2

Section 1 - Applicant's address						CONFIDENTIAL & RESTRICTED PROTECTED B						• When completed DIS						PONIBLE EN FRANÇAIS							
Name							Daytime phone number(s)																		
Address																									
City	P	Postal Code						Email address																	
Delivery address (if different than a	bove)																							
Name			Co	Company name (if applicable)																					
Street No.	Street Name					Ap	ot. no.			Buzzer No.						PO Box									
Postal Code	ostal Code City										е	I						C	Country						
Fees and service levels subject to change without notice, please check our we								websi	te for	e for current information. Phone number															
Section 2 - Type of document requested Quantity																					Qua	antity			
Marriage Certificate											Marı	riage	certifi	icate	that	does	not d	isplay	y sex	x					
1 —	ration (this is not a	marriag	e certific	ate)	_		_																		
Reason for applicat	ion:																							_	
DOCUMENT ISSUED IN:						☐ English OR						French													
Section 3 - Mar First party Last name prior to tl		je					Firs	st name								Midd	le na	me(s)							
																		(-)			,				
Place of birth (provir	nce if born in Canac	da - coun	try if bor	n outsi	de of C	Cana	lda)																		
Second party Last name prior to the	First name							Middle nar							me(s)										
Place of birth (proving	nce if born in Canad	la - coun	try if born	n outsi	de of C	Cana	ida)																		
Date of marriage																									
Month Place of marriage in	-	Year																							
																	M	$I \mid A$	N	I	\mid T	$\mid \mathbf{O}$	\mid B	$\mid A$	

Section 4 - Applicant's relationship to person named on certificate: Check one box that applies to you and sign below: A) Self, if the application is for your own certificate B) A child or parent if both parties are deceased (attach documentation showing familial relationship) Date & place of death (Proof of death required): Date & place of death (Proof of death required): C) A person with written authorization from either A or B above Signature of eligible person: Print name of eligible person: _ Section 5 - Type of issuance service REGULAR ISSUANCE SERVICE Processing time may vary. Current processing times are posted on our website. Service is not available until documents for a vital event have been filed in full, and registration has been completed without errors. Although a payment may be processed immediately, regular issuance service will proceed after a vital event is registered correctly and in full. - Delivered by Canada Post - Fee: \$30 per document RUSH ISSUANCE SERVICE (Signature required upon delivery) Processed within 3 business days (shipping time is not included). Selecting rush issuance service expedites processing of an application for a document. It does not expedite registration of a vital event. Rush issuance service is not available until documents for a vital event have been filed in full, and registration has been completed without errors. Although a payment may be processed immediately, rush issuance service will proceed after a vital event is registered correctly and in full. - Delivered by courier - Fee: Canadian destination \$65 US destination \$75 Includes one document. Cheques for rush service must be certified. International destination \$105 Section 6 - Method of payment □ Cash I authorize the Vital Statistics Agency to charge to my card: \$_ In person only □ Debit card ☐ MasterCard / Visa Expiry date ☐ Money Order Payable to the Cardholder's name Cardholder's signature Minister of Finance ☐ Certified Cheque PROTECT YOUR CREDIT CARD INFORMATION—DO NOT SUBMIT BY EMAIL No post dated cheques will be accepted A \$20 service fee will be charged on returned cheques

Inquiries

Address:

Telephone: Toll-Free (within Canada) Fax: E-Mail: Web-Site: 204-945-3701 1-866-949-9296 204-948-3128 vitalstats@gov.mb.ca http://vitalstats.gov.mb.ca Vital Statistics Agency 254 Portage Ave Wpg MB R3C 0B6

A \$30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS DO NOT RESPOND TO REQUESTS FOR MORE INFORMATION.

PLEASE NOTE THAT NO REFUNDS WILL BE PROVIDED ONCE VSB RECEIVES YOUR APPLICATION, REGARDLESS OF THE APPLICATION RESULTS

The Vital Statistics Branch is collecting your personal information pursuant to The Vital Statistics Act, CCSM c V60, in order to process and respond to your application. This collection is authorized under clauses 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act, CCSM c F175 ("FIPPA"). Your personal information is protected under FIPPA's privacy provisions, and will not be used or disclosed for any other purposes, except as authorized by law.

If you have any questions about this collection, please contact the Access & Privacy Coordinator for the Department of Consumer Protection and Government Services at 204-792-8214 or FIN-CSC-EC_FIPPA@gov.mb.ca

PROTECT YOUR PRIVATE AND CONFIDENTIAL INFORMATION - DO NOT SUBMIT BY EMAIL

Available in other formats upon request.