



# APPLICATION FOR CERTIFICATE

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Please check the one you are applying for:

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<b>BIRTH</b> <input type="checkbox"/> ᓂᓂᓂᓐ	<b>MARRIAGE</b> <input type="checkbox"/> ᓂᓂᓂᓐ	<b>DEATH</b> <input type="checkbox"/> ᓂᓂᓂᓐ
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BIRTH - ᓂᓂᓂᓐ		Wallet <input type="checkbox"/>	Paper Size <input type="checkbox"/>	Restricted Photocopy <input type="checkbox"/>
Surname - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
DATE OF BIRTH ᓂᓂᓂᓐ ᓂᓂᓂᓐ			PLACE OF BIRTH (City, Town or Village) - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
FATHER SURNAME - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
MOTHER MAIDEN NAME - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
Male <input type="checkbox"/>			Female <input type="checkbox"/>	
OFFICE USE ONLY			DATE OF REGISTRATION	
REGISTRATION NUMBER				

MARRIAGE - ᓂᓂᓂᓐ		Wallet <input type="checkbox"/>	Paper Size <input type="checkbox"/>	Restricted Photocopy <input type="checkbox"/>
BRIDEGROOM SURNAME - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
BRIDE'S MAIDEN SURNAME - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
DATE OF MARRIAGE ᓂᓂᓂᓐ ᓂᓂᓂᓐ			PLACE OF MARRIAGE (City, Town or Village) ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
OFFICE USE ONLY			DATE OF REGISTRATION	
REGISTRATION NUMBER				

DEATH - ᓂᓂᓂᓐ		Paper Size Only		
SURNAME OF DECEASED - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			GIVEN NAMES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
DATE OF DEATH ᓂᓂᓂᓐ ᓂᓂᓂᓐ			PLACE OF DEATH (City, Town or Village) - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
PERMANENT RESIDENCE OF DECEASED PRIOR TO DEATH - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			DATE OF REGISTRATION	
MARITAL STATUS ᓂᓂᓂᓐ			IF MARRIED, SPOUSE MAIDEN SURNAME ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
NAME OF FATHER OF DECEASED - ᓂᓂᓂᓐ ᓂᓂᓂᓐ			MAIDEN NAME OF MOTHER OF DECEASED - ᓂᓂᓂᓐ ᓂᓂᓂᓐ	
OFFICE USE ONLY			REGISTRATION NUMBER	

REASON(S) FOR REQUESTING CERTIFICATES - ᓂᓂᓂᓐ ᓂᓂᓂᓐ ᓂᓂᓂᓐ			
I require these certificate(s) for the following reason(s) - ᓂᓂᓂᓐ ᓂᓂᓂᓐ ᓂᓂᓂᓐ			
RELATIONSHIP TO PERSON ᓂᓂᓂᓐ ᓂᓂᓂᓐ	APPLICANT'S SIGNATURE ᓂᓂᓂᓐ	DATE - ᓂᓂᓂᓐ	WORK PHONE NUMBER
NUMBER OF CERTIFICATES ᓂᓂᓂᓐ ᓂᓂᓂᓐ ᓂᓂᓂᓐ	Fee Enclosed ᓂᓂᓂᓐ ᓂᓂᓂᓐ	Money Order <input type="checkbox"/>	Cheque <input type="checkbox"/>
<input type="checkbox"/> X \$10.00 = \$	Cash <input type="checkbox"/>	HOME PHONE NUMBER	

MAIL TO - ᓂᓂᓂᓐ ᓂᓂᓂᓐ
MAILING ADDRESS - ᓂᓂᓂᓐ ᓂᓂᓂᓐ
CITY, TOWN or VILLAGE - ᓂᓂᓂᓐ
POSTAL CODE

<b>OFFICE USE ONLY</b>	
RECEIPT #	AMOUNT RECEIVED \$
NOTES:	
CERTIFICATE #	DATE MAILED

RETURN THIS FORM AND PAYMENT TO THE ADDRESS ON REVERSE  
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