

Government Services

Office of the Registrar General

REQUEST FOR MARRIAGE CERTIFICATE

(For marriages which took place in Ontario only)

If you have any questions, please contact the Office of the Registrar General

| (THIS SPACE RESERVED FOR OFFICE USE ONLY) | | | | | | | |
|---|--|--|--|--|--|--|--|
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| | | | | | | | |

| Thunder Bay | er Road, PO Box 4600 ON P7B 6L8 onto 1 800 461-2156 or in Toron 343-7459 | to 416 325-8305 | | | | | | |
|---|---|--|---|--|---|----------------|--|--|
| | NT clearly in blue or black ink ext of this form, the word "Ap | | erson <u>completi</u> | ing this Reques | st. | | | |
| Applicant | Name | | | | | | | |
| First Name | | | Last Name | | | | | |
| Mailing A | | | | | | | | |
| Organization | / Firm (if applicable) | | | | | | | |
| Street No. Street Name | | | | Apt. No. | Buzzer No. | РО Вох | | |
| City | I | | Province | | | | | |
| Country | | Po | stal Code | Telephone N | lumber (includin | ng area code) | | |
| 1. What i | nformation are you requ | esting and how mu | uch will it co | st? | | LAt. | | |
| Certifice This co Search A searc (see Insinformal search search Range of | ed Copy of Statement of Marri ntains all information registered th results in a letter that either con struction #4). If you don't know the tion you may have obtained for th that whole year plus two years be of additional years, in increments of years searched | as names, date and place 15.00 each age (Long form) NOTE on the statement of mac 22.00 each firms the marriage registre exact date of the marriage is purpose, and write it in fore and after, for a total cof five years. | e of marriage. E Section 4b marriage including attion exists or the ge event, choose the space provid | ust be completed signatures. Quant there is no regular a year based on led for the date. It may also requestings. | istration We will | \$ | | |
| anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express. We will not accept post-dated cheques. We will charge that fees are subjunction. If you sen you can pay by clearing house, or by VISA, MasterCard by VISA, MasterCard At our public could be considered. | | because of insufficient that fees are subject to notice. If you send your you can pay by cheque made payable to Minist by VISA, MasterCard o At our public counter, y by cash or debit card. | change without request by mail or money order er of Finance, o r American Expr | record: during To obt r Archive ress. 134 lan Toronte 800 66 | records for marriages that happened in Ontario during the past 80 years. To obtain older records, contact: Archives of Ontario | | | |
| Your Paym | ent Options | | | | | | | |
| | oney Order. Please make Minister of Finance" | | t card payment: You must pay by credit card if you are faxing your request to us. ax number is: 807 343-7459. | | | | | |
| | | ☐ Visa ☐ MasterCard | | American Express | | | | |
| Card Number | - | | | | Expiry Date | (Month / Year) | | |
| Name of Care | holder | | Signature | of Cardholder | | | | |
| ranio oi oan | | | Signature (| J. Jaianoidei | | | | |

| 2. Details of Brides/Grooms | | | | | | |
|--|-----------------------------------|---|---|------------------------------|-------------------------|--|
| Name of Bride/Groom | Last name before marriage | | First Name | | Middle Name | |
| | | | | | | |
| Any other last name used | Place of Birth (Province/Country) | | | | | |
| Name of Bride/Groom | Last name before marria | age | ge First Name | | Middle Name | |
| Any other last name used | Place of Birth (Province/Country) | | | | | |
| 3. Details of Event | | | | | | |
| Date of Marriage OR, If date to Section 1. O | unknown, range of years t | to search F | Place of M | farriage (City, Town or Vill | lage) | |
| Is either bride/groom deceased? | s No | | | | | |
| 4. Details of the Applicant (Please in | ndicate to which cate | gory of entitl | ed indiv | iduals the applican | t belongs) | |
| 4a. Applicants for a Marriage Certific | cate (File Size): | | | | | |
| I am: bride/groom parent of either | er bride/groom Child | I of the marria | ge | | | |
| Only the individuals above are entitled to a If either or both bride(s)/groom(s) are dece (see Instruction #1) are entitled to apply for a My relationship is: sibling of either bride/groom If either bride(s)/groom(s) is deceased, the Extended Next of Kin (see Instruction applicant's relationship to either bride/groom | onal Next of Kin Size): | f Kin the Extended Next of Kin, please complete the following certification: I, (name, please print), am the of I certify that I am th | | | | |
| Authorized Representative of any entitle application (see Instruction #3) | ed individual (see Instructio | on #2). Proof of | authoriza | ation is required and mu | ist be attached to this | |
| 4b. Applicants for a Certified Statem I am: Dride/groom. Only bride(s)/gr | | · · | | | | |
| If either or both bride(s)/groom(s) are dece apply (see Instruction #1). My relationship is | entitled to | In the case that the applicant is the Next of Kir or the Extended Next of Kin, please complete following certification: | | | | |
| parent of either bride/groom | | | I,(name, | | | |
| child of the marriage | | please print), am the | | | | |
| sibling of either bride/groom | | o | of I certify that I am the Next of Kin, or all the Next of Kin are deceased, and I am the Extended Next of Kin. | | | |
| If either or both the bride(s)/groom(s) also deceased, the Extended Next of Please indicate the applicant's relation | | | | | | |
| the bride/groom | | | | | | |
| Authorized Representative of any entitle application (see Instruction #3) | ed individual (see Instructio | n #2). Proof of | authoriza | ation is required and mu | st be attached to this | |

11078E (2010/08) Page 2 of 3

| 5. Why are You Requesting this Information? (Select One) | | | | | | | | |
|---|---|-----------------------|-----------------------------|----------|------------|---------|--|--|
| pension benefits insurance estate settlement immigration | divorce other (specify) | | | | | - | | |
| I authorize the Office of the Registrar General to iss Services collecting information about myself and the necessary to verify the information on this form and information to the Ministry of Government Services. | e person(s) named on the record (if other than I my entitlement to the service required, and the | myself) i disclosi | from such of ure of such | ther so | urces as r | | | |
| Signature of Applicant | Daytime Telephone Number (including area code |) Ext. | Date Signed Year | | Month | Day | | |
| | | | | ı | , | | | |
| Instructions | | | | | | | | |
| Instruction #1 | | | | | | | | |
| For the purposes of entitlement to a Marriage Cer Bride/Groom and Children of the marriage. If eithe (closest surviving relative) to the Bride/Groom inc | er (or both) of the Bride/Groom is deceased, S | Sibling(s) | are entitled | d. Exter | nded Nex | | | |
| For the purpose of entitlement to a Certified Copy of either the Bride/Groom, Children of the marriag Bride/Groom include: Grandmother, Grandfather, | e, Sibling(s) of the Bride/Groom . Extended No | ext of Ki | n (closest si | | | | | |
| Instruction #2 | | | | | | | | |
| Authorized Representative includes an estate true guardianship acting on behalf of the deceased or | | th power | of attorney | or a pe | erson with | n legal | | |

Instruction #3

Proof of Authorization includes a certificate of appointment of estate trustee, letters of administration, an order under the *Declarations of Death Act, 2002*, a will, proof of power of attorney and proof of legal guardianship.

Instruction #4

A search may be requested by an individual getting married in another jurisdiction to demonstrate that he/she has not been married in Ontario (sometimes referred to as a letter of non-impediment).

Mail the Completed Request to: The Office of the Registrar General 189 Red River Road PO Box 4600 Thunder Bay ON P7B 6L8

Fax: 807 343-7459

If you require faster service than 6-8 weeks, please apply online at www.serviceontario.ca

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for security and law enforcement purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone Outside Toronto 1 800 461-2156 or in Toronto 416 325-8305 or Fax: 807 343-7459.

11078E (2010/08) Page 3 of 3