Government of Jamaica
Registrar General's Department

Form MARREQ
Rev. 2000.1

Application for a Certified Copy of Marriage Certificate

NOT TO BE SOLD

Please Print All Information In **BLOCK CAPITAL LETTERS.** The more information provided, the better the chance for prompt and accurate service.

I hereby apply for [ ] Certified Copy(s) of the Marriage Certificate issued for:

Number

Husband's First Name	Husbands Middle Name	Husbands Surname

Wife's Christian (First) Name	Wife's Surname	Wife's Surname before Marriage

Date of Marriage (dd/mm/yyyy)

Day *Month* *Year*

Place of Marriage (Church Name, Home Address, etc.) of Marriage

Parish of Marriage	Street or District of Marriage

Marriage Officers Christian (First) Name	Marriage Officers Middle Name	Marriage Officers Surname

Applicants Christian (First) Name	Applicants Middle Name	Applicants Surname

Applicants Signature	Application Date Day Month Year

Applicants Address (Street)

Applicants Address (Town)	Applicants Address (Parish)

Telephone Number(s)

Special Instructions

For Use by RGD Only

Recvd.	Payment	Cert. Loc.	Copy	Sealed	Deliv.
Date	Date	Date	Date	Date	Date
By	By	By	By	By	By