

Application for Marriage Certificate

To speed up processing time, order online at ehealthsask.ca

For additional inquiries contact Health Registries at: 1-800-667-7551 2130 11th Avenue Regina, SK S4P0J5

A readable photocopy of the applicant's identification MUST be submitted with this application. Boxes marked with an * must be completed.

Select Product Required				
* Indicate quantity of each type of product required.				
NOTE: APPLICANTS ARE RESPONSIBLE TO DETERMINE THE TYPE OF CERTIFICATE FOR THEIR NEEDS.				
MUST BE COMPLETED		MUST BE COMPLETED		
Type (check required type)		Quantity (indicate number required)		
Standard Marriage Certificate \$35 Includes spouses' full names, da number, registration date. (size 18 cm x 22 cm).				
Copy of Registration of Marriage \$55 Is a photocopy of the original ma	55 Is a photocopy of the original marriage registration			
Saskatchewan Marriage Information				
* Spouse #1 Last Name (prior to this marriage)	* Spouse #1 Given Name(s)			
	100			
* Spouse #2 Last Name (prior to this marriage)	* Spouse #2 Given Name(s)			
* Date of Marriage Month Day Year * Place of Marriage – city/town/village/rural land location in Saskatchewan				
Applicant Information This Section Must Be Completed by The Person Applying for the Marriage Certificate.				
* Given Name(s)	* Last Name			
* Complete Mailing Address for Certificate (street name, city, province, state, country)		* Postal Code		
* Daytime Phone Number (including area code)	Email Address			
* Applicant's Relationship to Person Named on Certificate	If Other is checked supporting d			
Self Mother Father Other Mother Mother Note: See 'Who Can Apply for a Marriage Certificate' on information page.				
* I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I am eligible to obtain the documents requested. * I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I am eligible to obtain the documents requested. * Applicant's Signature Date of Application (MM/DD/YYYY)				

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Delivery Information				
NOTE: HEALTH REGISTRIES IS NOT RESPONSIBLE FOR DELAYS OR LOST ITEMS BY CANADA POST.				
Regular Mail (no additional charge) - delivered by Canada Post (No Tracking Provided)				
Pick up (no additional charge) in Regina 3 rd Floor - 2130 11 th Ave., Regina, SK. Check <u>eHealthsask.ca</u> for office hours.				
Regular Courier Service delivered to an address in Saskatchewan (with tracking number), used if you do not meet urgent service criteria but would like to have your certificate delivered by courier. (Additional \$30) Note: For regular courier service to an address outside of Saskatchewan, you will need to make your own arrangements with a courier service.				
Call our office at 1-800-667-7551 for more information.				
Urgent Service Courier delivered to an address in Saskatchewan (Additional \$30) Note: For regular courier service to an address outside of Saskatchewan, you will need to make your own arrangements with a courier service. Call our office at 1-800-667-7551 for more information.	 Note: If urgent service is requested the application MUST meet urgent service criteria: a) Immediate Travel – the client has already booked their holiday. The client must provide proof of the booking (e.g. trip itinerary). b) Emergency Travel – the client must travel due to personal emergency (e.g. family death) Note: If requesting urgent service by courier please pay by Credit Card, Money Order or Certified Cheque. 			
Urgent Service Pick Up (Additional \$30)				
Payment Information				
Note: Payments must be made in Canadian f	unds.			
By Mail:		In Person: 3 rd floor - 2130 11 th Ave., Regina, SK		
		Cheque / Certified Cheque - payable to eHealth Saskatchewan (orders paid by personal cheque will be delayed until the cheque clears the bank)		
Money Order - payable to eHealth Saskatchewan		Money Order - payable to eHealth Saskatchewan		
VISA / MasterCard		Debit		
VISA Debit / MasterCard Debit		Cash		
		VISA / MasterCard		
		VISA Debit / MasterCard Debit		
		VIO/CESIC/ Masterbard Besic		
*Cardholder's Name (As show	n on Card)	*Cardholder's Signature		
Garanolas, o Name y e silen		Calariolor o digridiale		
Credit Card Number	er (16 digits)	M M Y Y Expiry Date		
Payment Amount \$				
VISA MasterCard	Visa Debit VISA	MasterCard Debit		

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Important Information

- If you are the applicant and would like someone else to pick up your documents, you must provide a completed Authorization Form, available at <a href="https://example.com/en-the-nature
- ▶ Our processing times are available at <u>eHealthsask.ca</u>. This does not include Canada Post mailing time.
- You can return the completed form to:

eHealth Saskatchewan 2130 11th Avenue Regina, SK S4P 0J5

ALL applicants <u>MUST</u> PROVIDE IDENTIFICATION as outlined below.

Please ensure copies of identification are readable. Do **NOT send original documents. We are not responsible for any loss or damage that may occur.

** ONE PIECE REQUIRED FROM BELOW LIST		** TWO PIECES REQUIRED FROM BELOW LIST
Government Issued Photo ID		Other ID
Photo Driver's License / SGI Identification Card		Birth Certificate
Passport		Health Card
Native Status Card	OR	Student ID Card
Citizenship Card		Utility Bill (i.e. SaskPower, SaskEnergy, etc. that displays name and address)
Permanent Resident Card		A document that shows your name and address such as a Bank Statement, Residential Lease, Mortgage Document, Income Tax Statement, Cancelled Cheque, Social Assistance Benefit.

Who can Apply for a Marriage Certificate?

- Either party to the marriage.
- An adult child of the marriage.
- An individual who is authorized by an eligible person. An authorization form found at <u>ehealthsask.ca</u> and a copy of identification of both parties must be included.
- · Any person/organization as directed by a court order.
- A personal representative of the estate of an eligible person. A copy of the will is required.

For more information about who can apply please see ehealthsask.ca

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