APPLICATION FOR CERTIFICATE OF:
ᓇᓗᓇᐃᒃᑯᑦᑐᑦ ᑕᑕᑎᓇᓂᖅ

BIRTH ᐃᖁᐊᖕᒍᔪᖅ	MARRIAGE ᑲᑎᑎᑕᐅᔪᑦ	DEATH ᐃᓅᔪᓐᓂᖅᑐᖅ
☐	☐	☐

Please check the one you are applying for
ᓇᓗᓇᐃᓇᑦ ᓇᓕᐊᖑᓄᑦ ᑕᑕᑎᕋᓱᒃᑕᖁᓄᑦ

BIRTH - ᐃᖁᐊᖕᒍᔪᖅ

Surname of married woman, maiden name - ᐊᓅᓇᐅᔫᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ ᑲᑎᑎᑕᐅᖅᑲᕋᓂ				GIVEN NAMES - ᐊᑎᐊ	SEX - ᓱᓇᐅᓂᖕᒐ	AGE - ᐅᑭᐅᖕᒐ
DATE OF BIRTH - ᐅᑉᓗᓇᔭ ᐃᓅᕝᕕᐊᑕ	YY	MM	DD	PLACE OF BIRTH (City, Town or Village) ᐃᓅᕝᕕᐊᑕ ᐊᑎᐊ		OFFICE USE ONLY
FATHER SURNAME - ᐊᑖᑕᐅᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ					FATHER GIVEN NAMES - ᐊᑎᐊ	DATE OF REGISTRATION
MOTHER MAIDEN SURNAME - ᐊᓅᓇᐅᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ ᑲᑎᑎᑲᐅᖅᑲᕋᓂ					MOTHER GIVEN NAMES - ᐊᑎᐊ	REGISTRATION NUMBER

MARRIAGE - ᑲᑎᑎᑕᐅᔪᑦ

BRIDEGROOM SURNAME - ᐊᖕᒍᑕᐅᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ					GIVEN NAMES - ᐊᑎᐊ	OFFICE USE ONLY
BRIDE'S MAIDEN SURNAME - ᐊᖁᓇᐅᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ					GIVEN NAMES - xtx	DATE OF REGISTRATION
DATE OF MARRIAGE - ᑲᑎᑎᑕᐅᕝᕕᐊᑕ ᐅᑉᓗᐊ	YY	MM	DD	PLACE OF MARRIAGE (City, Town or Village) - ᓄᓇᓕᐅᑉ ᐊᑎᐊ ᑲᑎᑎᑕᐅᕝᕕᐊ		REGISTRATION NUMBER

DEATH - ᐃᓅᔪᓐᓂᖅᑐᖅ

SURNAME OF DECEASED - ᐃᓅᔪᓐᓂᖅᑐᑉ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ					GIVEN NAMES - ᐊᑎᐊ	AGE - ᐊᑎᐊ	SEX - ᓱᓇᐅᓂᖕᒐ
DATE OF DEATH - ᐃᓅᔪᓐᓂᖅᑐᑉ ᐅᑉᓗᐊ	YY	MM	DD	PLACE OF DEATH (City, Town or Village) - ᓄᓇᓕᐅᑉ ᐊᑎᐊ ᐃᓅᔪᓐᓂᖅᑐᑉ		OFFICE USE ONLY -	
PERMANENT RESIDENCE OF DECEASED PRIOR TO DEATH - ᓇᓂᑦᑕᓚᐅᖁᓂᐊ ᐃᓅᔪᓐᓂᖅᑲᕋᓂ						DATE OF REGISTRATION	
MARITAL STATUS - ᑲᑎᑎᑕᐅᓂᐊᓗᓐᓂᑦ IF MARRIED, SPOUSE MAIDEN SURNAME - ᑲᑎᑎᑕᐅᓯᒪᓐᓂᖅᐸᑦ ᓄᓕᐊᖕᒐᑕ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ					GIVEN NAMES - ᐊᑎᐊ	REGISTRATION NUMBER	
NAME OF FATHER OR DECEASED - ᐃᓅᔪᓐᓂᖅᑐᑉ ᐊᑖᑕᑕ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ				MAIDEN NAME OF MOTHER OF DECEASED - ᐃᓅᔪᓐᓂᖅᑐᑉ ᐊᓇᓇᑕ ᐊᑎᐊ ᑭᖕᒍᑦᓕᖅ			

REASON(S) FOR REQUESTING CERTIFICATES - ᓱᓇᒧᑦ ᐱᔾᔪᑎᖃᖅᓗᖕᒐ ᑕᑕᑎᖅᐸᕋ ᑖᒻᓇ			
I require these certificate(s) for the following reason(s) - ᓇᓗᓇᐃᒃᑯᑦᑐᑦ ᐱᔪᒪᔭᒃᑲ ᐅᒥᖕᒐ ᐱᔾᔪᑎᖃᖅᓗᖕᒐ			
APPLICANTS SIGNATURE - ᑕᑕᑎᓇᔫᑉ ᐊᑎᐊ	DATE ᐅᑉᓗᒥ	RELATIONSHIP TO PERSON NAMED - ᓱᓇᒋᔭᐅᕗᖕᒐ ᑕᑕᑎᓇᔪᒧᑦ	BUSINESS PHONE N0.
NUMBER OF CERTIFICATES - ᖃᑉᓯᓂᒃ ᓇᓗᓇᐃᒃᑯᑦᑖᕈᒪᕕᑦ	X $10 =	FEE ENCLOSED - ᐊᑭᖕᒐ ᐃᓚᐅᔪᖅ	HOME PHONE NUMBER
APPLICANT'S NAME - ᑕᑕᑎᓇᔫᑉ ᐊᑎᐊ			OFFICE USE ONLY
MAILING ADDRESS - ᑎᑎᖅᑲᐅᓯᕝᕕᐊᑕ ᑐᕋᕈᑕ			AMOUNT RECEIVED
			REFUND

RETURN THIS FORM AND PAYMENT TO THE ADDRESS ON REVERSE - ᑕᑕᑎᒐᒃᓴᕐᓗ ᐊᑭᐊᓗ ᐅᑎᖅᑎᑦᓗᒍ ᑐᕋᕈᑕ ᑐᓄᐊᓂᑦᑐᖅ