



MA - APPLICATION TO RENEW PEI MARRIAGE COMMISSIONER LICENCE

THIS FORM MUST BE PRINTED ON 8.5" X 14" (LEGAL SIZE) PAPER.

VITAL STATISTICS REGISTRY
126 DOUSES ROAD
PO BOX 3000, MONTAGUE, PEI C0A 1R0
Telephone (902) 838-0880 Fax: (902) 838-0883
Toll free in Canada 1-877-320-1253
Email: vsmontague@gov.pe.ca
www.gov.pe.ca/vitalstatistics

PRIVACY STATEMENT: Personal information contained on this form is collected under the authority of the Marriage Act, R.S.P.E.I. 1988, Cap. M-3, Section 8.1, as applicable, to fulfill the requirements for application and appointment of Marriage Commissioner. If you have any questions about the collection or use of this information please contact the Vital Statistics Office toll free at 1-877-320-1253.

Instructions:

- 1. Complete this application form.
2. Enclose Application Renewal Fee of \$100 (non-refundable).
3. Mail or Email complete package to: Director of Vital Statistics (address above)

Note: All applications must be received in full on or before April 1st.

Section 1: Applicant Contact Information

Form with fields: FULL NAME, MAILING ADDRESS, CITY AND PROVINCE, POSTAL CODE, HOME TELEPHONE, BUSINESS TELEPHONE, CELL TELEPHONE, EMAIL ADDRESS, MC LICENCE NO.

Section 2: Information publicly available on the Vital Statistics website

Form with fields: Name, Marriage Commissioner Contact Information, Marriage Commissioner is able to perform services in the following areas of the province and time of day, Marriage Commissioner is able to provide services in the following language(s), Marriage Commissioner is able to perform services at their residence, If yes, is the location accessible to persons with mobility issues.

Section 3: Applicant's Declaration

Text area for declaration: I am a Canadian Citizen or Permanent Resident of Canada and over the age of 18 years. I do not know of any reasons that are, or may be, perceived as a conflict of interest for me to remain a marriage commissioner in P.E.I. I confirm that the information provided in and for this application is true and correct. I understand the information I disclose in Section 2 of this form will be published on the Vital Statistics website and available to the public. Signature of Applicant, Date

Section 4: Payment of Application Fee (\$100)

Form with fields: Payment Method: CANADIAN FUNDS ONLY, Cash, Debit Card, Cheque or Money Order, MasterCard or Visa, Credit Card Number, Expiry, Cardholder's Name, Cardholder's Signature, Application fee(s) are non refundable.

Received on: Receipt #: