



# Request for Marriage or Death Certificates

## 1. To be mailed to:

|                        |          |               |             |
|------------------------|----------|---------------|-------------|
| Your name (First name) |          | (Middle name) |             |
| (Last name)            |          |               |             |
| Street number and name |          |               | Apartment # |
| City, Town or Village  | Province | Postal Code   |             |

You can only use this form to get certificates for marriages or deaths that happened in Ontario. We keep records of marriages for 80 years and deaths for 70 years. If you need older records, contact the Archives of Ontario. You can find more information on the opposite page.

**Please PRINT clearly in blue or black ink and sign Section 4.**

If you have any questions, please contact the Office of the Registrar General at 1-800-461-2156 or 1-416-325-8305.

## 2. What document(s) do you want?

Please read the opposite page to find out if you're entitled to receive the information you're asking for.

|   |  |  |                          |
|---|--|--|--------------------------|
| <input type="checkbox"/> <b>Marriage Certificate</b>  |  |  |                          |
| Name of party to the marriage   |  | (Last name before marriage, First, Middle)   | Any other last name used |
| Name of party to the marriage   |  | (Last name before marriage, First, Middle)   | Any other last name used |
| Date of Marriage<br>Day   Month   Year  | Place of Marriage (City, Town or Village)  |  |                          |
|   |  |  | <b>Ontario</b>           |
| How many copies of each type of certificate do you want? Print number in the appropriate box. (there is a charge for each certificate.)                             |  |  |                          |
| <input type="checkbox"/> Certificate (includes basic information, such as name, date and place of marriage)   | <input type="checkbox"/> Long form (contains all registered information, including signatures) | <input type="checkbox"/> Marriage letter (usually needed to get married in some countries) |                          |
| <input type="checkbox"/> <b>Death Certificate</b>   |  |  |                          |
| Name of Deceased (Last name)  |  | (First name)   | (Middle name)            |
| Date of Death<br>Day   Month   Year   | Place of Death (City, Town or Village)   |  |                          |
|   |  | <b>Ontario</b>   | Age   Sex                |
| If the person was married or in a common-law relationship at the time of death, name of spouse or partner<br>(Last name before marriage) (First name) (Middle name) |  |  |                          |
| Father's Name (Last name)   |  | (First name)   | (Middle name)            |
| Mother's Name (Last name before marriage)   |  | (First name)   | (Middle name)            |
| How many copies of each type of certificate do you want? Print number in the appropriate box. (there is a charge for each certificate.)                             |  |  |                          |
| <input type="checkbox"/> Certificate (includes basic information, such as name, date and place of death)  | <input type="checkbox"/> Long form (contains all registered information, including signatures) |  |                          |

## 3. Fees and Payment

Please read the Fees and Payment section on the opposite page to find out how much you have to pay.

|   |             |   |                       |
|---|-------------|---|-----------------------|
| How are you paying?   |             |   | Total amount enclosed |
| <input type="checkbox"/> Cheque or money order. Please make payable to: Minister of Finance | OR          | <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | \$                    |
| Name of cardholder (Last name)  |             | (First name)  | (Middle name)         |
| Signature of cardholder   | Card Number | Expiry date (m/y)   |                       |
| X   |             |   |                       |

## 4. Important information and signature

By signing below, you are stating that you are entitled to, and authorize the Office of the Registrar General to issue the requested information and that you consent to the Ministry of Consumer and Business Services collecting information about yourself and the person(s) named on the record (if other than yourself) from such other sources as may be necessary in order to verify the information on this form and your entitlement to the service requested. If you have asked someone to obtain the information on your behalf, print the person's name below. I am aware that it is an offence to wilfully make a false statement on this form.

|  |   |                                  |                                  |
|--|---|----------------------------------|----------------------------------|
| (Last name)                              |   | (First name)                     | (Middle name)                    |
| Why are you requesting this certificate? | What is your relationship to the person named on the certificate?   |                                  |                                  |
|  | <input type="checkbox"/> self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> other; specify |                                  |                                  |
| Signature of entitled person             | Date Signed<br>Day   Month   Year   | Home telephone number<br>( ) ( ) | Work telephone number<br>( ) ( ) |
| X  |   |                                  |                                  |