



**NEVIS ISLAND ADMINISTRATION**  
Registrar General Department

Administration Building  
Main Street  
Charlestown  
Nevis

Tel: (869) 469 5521 Ext. 2054  
Fax: (869) 469 5629  
Email: Registrargeneralnev@niagov.com

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***MAIL IN MARRIAGE CERTIFICATE APPLICATION***

**Name of Husband:** \_\_\_\_\_  
*(Husband's Christian and Surname)*

**Name of Wife:** \_\_\_\_\_  
*(Wife's Christian name (s) and Maiden Surname)*

**Date of Marriage:** \_\_\_\_\_  
*(DD/MM/YYYY)*

**Parish/Place of Marriage:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
*(Person applying for Marriage Certificate)*

**Relationship of Applicant to Person (s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Email \_\_\_\_\_

*\*NB: Please complete form, mail to the above address with a copy of a valid photo ID and the required fee (s).  
International Postal Money Order (pink colored) or Bank Draft.*

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**Office Use Only**

**Date Received:** \_\_\_\_\_ **Payment Fee (s) Received** ( ) Yes ( ) No

**Date:** Processed & Mailed \_\_\_\_\_ #