



"MARRIAGE ACT"

Application for Registration of Religious Representative

To the Registrar General of the Vital Statistics Agency, Victoria, B.C.

THE _____
Full Name of Religious Denomination

being a religious body within the meaning of the "Marriage Act", duly established within the Province of British Columbia, and having well-organized rites and usages respecting the solemnization of marriage, hereby makes application by its governing authority for the registration of the undernamed person, whose place of residence, title, and jurisdiction is set out herein, as a religious representative authorized to solemnize marriage under the said Act:-

Full Name of Religious Representative _____
Given Names Surname

Mailing Address and Telephone Number of Religious Representative _____
Street Address Telephone Number
City Province or State Postal Code

Title (i.e., Reverend, Father, Pastor, Rabbi, etc.) _____

Description of Jurisdiction _____
Name of Parish, Church or Extent of Jurisdiction

The said person is duly ordained or appointed to his position or office according to the rites and usages of the religious body making this application, or is by its rules deemed to be so ordained or appointed by reason of some prior ordination or appointment, and is a religious representative within the definition in sections 1 and/or 2 of the "Marriage Act".

The said person is in charge of or officiates in connection with the jurisdiction hereinbefore set out, the same being a congregation, branch, or local unit of the said religious body.

According to the rites and usages of the said religious body, the said person, acting as such religious representative is recognized as authorized, when called upon, to solemnize marriage or undertake to carry out all other such duties as imposed by the Act.

The undersigned, being the governing authority duly authorized to act in the premises on behalf of the said religious body, hereby certifies to the correctness of the statements herein contained.

Dated at _____, this _____ day of _____, _____

Name of Governing Authority _____

Signature of Governing Authority _____

Official Title and Extent of Jurisdiction _____

Mailing Address and Telephone Number of Religious Body _____
Street Address Telephone Number
City Province or State Postal Code

FOR OFFICIAL USE ONLY

Approved _____ Date _____ File Number _____

Date Certificate Issued _____ Certificate Number _____

Remarks _____