

APPLICATION FOR MARRIAGE COMMISSIONER PROGRAM

Community of:

PORT ALBERNI

Return this completed form no later than the closing date of:

ONGOING

NOTE: Email applications timestamped after the closing date, and mail applications postmarked after the closing date, are not considered.

Instructions: Please complete this form, print, sign and mail or email to the address listed on the Vital Statistics Agency's Marriage Commissioner website.

La	st Name			First Name		
Re	sidential Street Address					
Ma	ailing Address (include Postal Code)					
Tel	Telephone Number (include area code)			Email Address		
1.	Do you have voice mail or an answering machine?	Yes No	2. Do you own a computer?	Yes No	3. Do you have internet access in your home?	Yes No
4.	How far is your home from the centre of your community?	Less than 5	5 km 5 - 10 km	Over 10 km	5. How many years have you resided in the posted community?	
6.	What is your current work status?	Full-time	Retired	Part-time	Retiring	-
	If you work full-time or part-time,	please provid	de your work schedule	below:		
7.	What are your current or previous What memberships do you have a What aspects of your background	vice?				
8.	What interests you in the public s	ervice role of	performing civil marria	ge ceremonies?		

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9.	Are you prepared to perform marriage ceremonies, without reservation, for all couples as authorized by the Human Rights Code of British Columbia (e.g. race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, or sexual orientation)? No									
10. Declare any affiliations, business or personal, that may be perceived as a conflict of interest, including those by immediate fam (e.g. bed & breakfast, flower shop, photography, restaurant or catering business).										
11.	When do you generally take vacation and what is the normal length of your annual vacation?									
	If you take vacation between June and September, indicate the length of time.									
	Less than 1 week 1 week 2 weeks or more Other (specify)									
12.	12. Do you speak any languages other than fluent English?									
	Yes No If yes, list the other language(s):									
13. What mode of transportation would you use to get to and from a civil ceremony? if using a mode other than your personal vehicle, please explain the reason for your choice of transportation.										
	REFERENCES									
	Name									
1	Address									
•	Phone number									
	(include area code)									
	Name									
2	Address									
	Phone number (include area code)									
	APPLICANT SIGNATURE									
4										
1	Signature	Date								

This information is collected by the Vital Statistics Agency under section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used to fulfill the requirements of the application process for the marriage commissioner program. Should you have any questions about the collection of this personal information, please contact:

Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3.

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