

1

| | | | | |
|---|--------------------------------------|---|-------------------------------------|---------------------------------|
| Applicant's Name | | | | |
| Home Address | | | | Postal Code |
| Mailing Address (if different from Home Address) | | | | Postal Code |
| Telephone (home) | Telephone (work) | Email Address | Date of Birth Y Y Y Y M M D D | Years of Residency in Community |
| Occupation (indicate If part-time/full-time, or If Retired, Indicate Previous Occupation) | | | Highest Level of Education Attained | |
| Employer (if applicable) | | | | |
| Address | | | | |
| | | Postal Code | Telephone Number | |
| Position | | | Years in Position | |
| Why are you interested in providing this public service? (include any related experience/interests/hobbies. Attach additional sheet(s) if necessary) | | | | |
| | | | | |
| Give details of past or current membership on boards, commissions, agencies, or as a Marriage Licence Issuer or Marriage Commissioner | | | | |
| What facilities do you plan to use to perform these services? (Describe) | | | | |
| Have you been convicted within the last three years of any offence (other than minor traffic offences) or are there any unsatisfied judgements against you? | | | | |
| Indicate which days during the week/weekend and which times services will be available | | | | |
| Any additional planned absences from the community | | | | |
| For Marriage Commissioner ONLY: | Do you have your own transportation? | Describe any limitations/concerns | | |
| For TEMPORARY Marriage Commissioner ONLY: | Indicate Date of Marriage Ceremony | Provide full names of individuals getting married | | |

References/recommendation For Appointment (Local business or community associates)

2

| | | | |
|---------|-------------|--------------------|----------------|
| Name | | Occupation | |
| Address | | | |
| | Postal Code | Business Telephone | Home Telephone |
| Name | | Occupation | |
| Address | | | |
| | Postal Code | Business Telephone | Home Telephone |

Please read carefully and sign the applicable space below

3

For Marriage Commissioner Appointment, Read and Sign this Section

I hereby apply for appointment as a Marriage Commissioner for the Province of Newfoundland and Labrador, in accordance with the *Marriage Act*, SNL 2009 c.M-1.02. I understand that the Registrar of Vital Statistics may request information that is considered pertinent to my application from law enforcement agencies.

As a condition of appointment as a Marriage Commissioner, I agree to abide by the laws of the Province of Newfoundland and Labrador in the performance of my duties as Commissioner including, but not limited to, the obligation to perform civil marriage ceremonies for both opposite and same sex couples who are otherwise under no legal impediment to marry in a civil ceremony. I agree that a failure to perform my duties in accordance with the law provides grounds to terminate my appointment as a Marriage Commissioner and that I shall have no cause of action of any manner or kind arising from such termination.

Applicant's Signature

Date of Application

4

For Issuer of Marriage Licences, Read and Sign this Section

I hereby apply for appointment as a Marriage Licence Issuer in accordance with the *Marriage Act* SNL 2009 c.M-1.02. I understand that the Registrar of Vital Statistics may request information that is considered pertinent to my application from law enforcement agencies.

As a condition of appointment as a Marriage Licence Issuer, I agree to abide by the laws of the Province of Newfoundland and Labrador in the performance of my duties as Issuer including, but not limited to, the obligation to issue marriage licences to both opposite and same sex couples who are otherwise under no legal impediment to marry in a civil ceremony. I acknowledge that a failure to perform my duties in accordance to the law provides grounds to terminate my appointment as a Marriage Licence Issuer and that I shall have no cause of action of any manner or kind arising from such termination.

Applicant's Signature

Date of Application

5

| | |
|--------------------------------------|--|
| Return the completed application to: | Registrar General, Vital Statistics Motor Registration Building P. O. Box 8700 St. John's, NL A1B 4J6 |
|--------------------------------------|--|