



THE ROMAN CATHOLIC DIOCESE OF CHALAN KANOA

P.O. BOX 500745, CHALAN KANOA, SAIPAN, CNMI, MP 96950

Tel.: 1670.234.3000 | Fax: 1670.235.3002 | www.rcdck.org

REQUEST FOR MARRIAGE CERTIFICATE

Name of Couple: _____

Date: _____

Groom: _____

Bride: _____

Date of Marriage: _____

Minister of Sacrament: _____

Church where First Holy Communion was celebrated: _____

Purpose: _____

Person making the request: _____

Contact number of the person making the request: _____

Date of pick-up: _____

(Admin Use Only)

Payment received: _____

Receipt No.: _____

Received by: _____

Check No.: _____

Note: _____