

MARRIAGE LICENCE REQUIRED INFORMATION

| | BRIDE/PARTNER 1 | GROOM/PARTNER 2 |
|--|---|---|
| PERSONAL INFORMATION | | |
| LAST NAME | | |
| FIRST, MIDDLE NAME(S) | | |
| IDENTIFICATION | | |
| BIRTH DATE | | |
| WE ARE GETTING MARRIED WITHIN 90 DAYS (CIRCLE) YES / NO | | |
| AGE | | |
| EMAIL ADDRESS | | |
| PHONE NUMBER | | |
| BIRTH PLACE (CITY & PROVINCE OR CITY & COUNTRY) | | |
| RELIGION | | |
| MARITAL STATUS | <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (PROOF REQUIRED) | <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (PROOF REQUIRED) |
| CURRENT ADDRESS (FULL ADDRESS INCLUDING POSTAL CODE) | | |
| FATHER'S INFORMATION | | |
| LAST NAME | | |
| FIRST, MIDDLE NAME(S) | | |
| BIRTH PLACE (CITY & PROVINCE OR CITY & COUNTRY) | | |
| MOTHER'S INFORMATION | | |
| MAIDEN NAME | | |
| FIRST, MIDDLE NAME(S) | | |
| BIRTH PLACE (CITY & PROVINCE OR CITY & COUNTRY) | | |