

AFFIDAVIT

I _____ do hereby solemnly swear, depose, and state that my true and correct name is: _____, I was born on _____ in _____ (month) (day) (year)

(BIOLOGICAL PARENTS)

Fathers Name: _____ (Living)/Deceased Birthplace: _____

Mother's Name: _____ (Living)/Deceased Birthplace: _____

(IF ADOPTED)

Fathers Name: _____ (Living)/Deceased Birthplace: _____

Mother's Name: _____ (Living)/Deceased Birthplace: _____

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1. I further state that I HAVE NEVER BEEN MARRIED. ()
 2. I further state that I HAVE BEEN MARRIED BEFORE. ()
 3. this affidavit is made in support of my Application for Marriage with _____ in compliance with the Rules and Regulations with the Department of Revenue and Taxation. Government of Guam

(SIGNATURE OF AFFIANT)

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____

(NOTARY PUBLIC) in and for Guam
My Commission expires: _____



GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMENTON-SALUT PUPBLEKO YAN SETBISION SUSIAT)

Post Office Box 2816, Hagatña, Guam 96932
123 Chalan Kareta, Route 10
Mangilao, Guam 96923

Felix P. Camacho
GOVERNOR

PeterJohn D. Camacho, MPH
ACTING DIRECTOR

Michael W. Cruz, MD
LIEUTENANT GOVERNOR

JPeter Roberto, ACSW
DEPUTY DIRECTOR

Waiver Affidavit

We, the undersigned, being sworn, state that, pursuant to section 3202(c), Title 10, Guam Code Annotated, as amended, we are requesting to have the (5) five day waiting period waived for the issuance of the Marriage License for the following reasons:

	Military orders indicating he/she will be on island not more that (5) five days.
	Airline (plane) tickets showing the date of return to your destination not more that (5) days stay in Guam.
	Wedding ceremony has been scheduled within the (5) five days.
	Medical reasons, and has to leave the island within the (5) days.
	Other <i>please specify</i>

IN TESTIMONY WHEREOF, we have hereunto set our hands this _____ day of _____ in the Territory of Guam.

Groom's Name: _____

Residence Address of Groom in Guam: _____

Groom's Signature

Bride's Name: _____

Residence Address of Bride in Guam: _____

Bride's Signature

Pursuant to Section 4308, Title 6, Guam Code Annotated, I declare under penalty of perjury under the laws of Guam that the foregoing is true and correct.

Signature of Groom/Date

Signature of Bride/Date

Tel. No.: (671) 735-7399 • 735-7102
Fax: (671) 734-5910

TO: Public Health

Date:

Dear Sir,

I _____ authorized

to pick up my marriage certificate at Public Health, Guam.

Thank you very much.

Sincerely,
