



DEPARTMENT OF
PUBLIC HEALTH AND SOCIAL SERVICES
 GOVERNMENT OF GUAM – P.O. Box 2816, Hagåtña, Guam 96932

FELIX P. CAMACHO, Governor
 MICHAEL W. CRUZ, M.D., Lt. Governor
 PETERJOHN D. CAMACHO, MPH, Acting Director
 J.PETER ROBERTO, ACSW, Deputy Director

MARRIAGE APPLICATION

TO BE COMPLETED BY MALE APPLICANT			TO BE COMPLETED BY FEMALE APPLICATION		
GROOM'S NAME IN FULL <i>(First, Middle, Last)</i>			BRIDE'S NAME IN FULL <i>(First, Middle, Last)</i>		
AGE	DATE OF BIRTH	BIRTHPLACE	AGE	DATE OF BIRTH	BIRTHPLACE
CITIZENSHIP		SSN: _____	CITIZENSHIP		SSN: _____
Resident Alien ()		NAT: _____	Resident Alien ()		NAT: _____
Non-Immigrant ()		Passport: _____	Non-Immigrant ()		Passport: _____
PRESENT LOCAL RESIDENCE ADDRESS			PRESENT LOCAL RESIDENCE ADDRESS		
TRADE OR OCCUPATION			TRADE OR OCCUPATION		
SINGLE ()	WIDOWED ()	NO. OF THIS MARRIAGE	SINGLE ()	WIDOWED ()	NO. OF THIS MARRIAGE
DIVORCED ()	ANNULLED ()		DIVORCED ()	ANNULLED ()	
WHERE CONTRACTED <i>(State of Last Marriage)</i>			WHERE CONTRACTED <i>(State of Last Marriage)</i>		
LAST MARRIAGE ENDED			LAST MARRIAGE ENDED/MAIDEN NAME <i>(If previously married)</i>		
RACE <i>(Chamorro, Caucasian, Filipino, etc.)</i>			RACE <i>(Chamorro, Caucasian, Filipino, etc.)</i>		
FATHER'S NAME <i>(In full, Living or Deceased)</i>			FATHER'S NAME <i>(In full, Living or Deceased)</i>		
FATHER'S BIRTHPLACE			FATHER'S BIRTHPLACE		
MOTHER'S NAME <i>(In full, Living or Deceased)</i>			MOTHER'S NAME <i>(In full, Living or Deceased)</i>		
MOTHER'S MAIDEN NAME <i>(In Full)</i>			MOTHER'S MAIDEN NAME <i>(In Full)</i>		
MOTHER'S BIRTHPLACE			MOTHER'S BIRTHPLACE		
EDUCATION THRU HIGH SCHOOL		DEGREE	EDUCATION THRU HIGH SCHOOL		DEGREE
1 2 3 4 5 6 7 8 9 10 11 12			1 2 3 4 5 6 7 8 9 10 11 12		
COLLEGE 1 2 3 4 5			COLLEGE 1 2 3 4 5		

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

 SIGNATURE IN FULL OF MALE APPLICANT

 SIGNATURE IN FULL OF FEMALE APPLICANT

REQUIREMENTS

PURSUANT TO SECTION 60, VOL. I, ARTICLE II OF THE CIVIL CODE OF GUAM AND PUBLIC LAW 16-73, THE FOLLOWING MUST BE COMPILED WITH BEFORE THE ISSUANCE OF ANY MARRIAGE LICENSE:

1. **BOTH APPLICANTS** must be present at the time of submission of this application.
2. **BIRTH CERTIFICATES:** Both applicants must present a Certified True Copy of their Birth Certificates issued by the Office of Vital Statistics or Registrar. **Baptismal or Hospital Certificates are NOT ACCEPTABLE.** Birth Certificates in Foreign Languages must be translated by an Official Translator.
3. **ADOPTION:** If either applicant was adopted, Adoption Papers must be presented.
4. **NATURALIZED CITIZENS:** If either applicant is a Naturalized Citizen; a Naturalization Certificate or Certificate of Citizenship must be presented and accompanied by a U.S. Passport. Applicants must provide a *Notarized Affidavit of Foreign Birth*.
5. **FOREIGN COUNTRY:** If either applicant was born abroad (foreign country) to United States Citizens (Parents), be it on a military installation / other, a Certificate of Abroad or Certificate of Birth must be presented. Applicants must provide a *Notarized Affidavit of Foreign Birth*.
6. **ALIEN:** If either applicant is a Resident Alien or Non-Immigrant Alien, or of foreign descent, it is mandatory that he or she present their BIRTH CERTIFICATES, dully translated into English, and their respective COUNTRY'S CURRENT PASSPORT. Applicants must provide a *Notarized Affidavit of Foreign Birth* indicating their correct Full Name; Date and Place of Birth; Residential Address; Parents Complete Names(living or deceased) and Parents Residential Address (if living); and Whether or Not either applicant has been previously married.
7. **PREVIOUS MARRIAGE:** In case of termination of previous marriage by Divorce, Death, or Annulment, the applicant must provide a Certified True Copy of the Final Divorce Decree and/or Interlocutory Judgment (if Maiden Name was restored, document must be provided), Death Certificate and/or Annulment Document to the Office of Vital Statistics. **Photo or Xerox copies are NOT ACCEPTABLE.** (CC Vol. I Sec. 69(d) and Attorney General Memo, Ref. 81-0292, dated July 7, 1981)
8. **RETENTION OF MAIDEN NAME:** If a female applicant desires to maintain her maiden name after marriage, she must submit an *Affidavit to Retain Maiden Name* in **TRIPLICATE** stating the fact that she elects to keep her maiden name after marriage and the reason.
HYPHENATION: No Hyphenation may be used for Last Name AFTER marriage (ULLOA-CRUZ) until a **COURT ORDER** has been obtained and filed at the Office of Vital Statistics, Department of Public Health & Social Services.
9. **FEE:** A fee of \$15.00 is required upon filing of this Application and is non-refundable if the license is not issued or used. (CC Vol. I, Sec. 69, (i) Amd. 16-73, Sec. 11).
10. **WAITING PERIOD:** No license shall be issued or released until the expiration of 5(five) working days after final submission of the application. Such waiting period may be waived for good cause shown. An additional fee of \$10.00 will be assessed for the waiver if approved.
11. **MINORS:** Applicants under the age of 18 must obtain a **COURT ORDER** to marry and **MUST BE ACCOMPANIED** by a parent or guardian giving consent upon filing this application.