



DEPARTMENT OF  
**PUBLIC HEALTH AND SOCIAL SERVICES**  
 GOVERNMENT OF GUAM – 123 Chalan Kareta, Mangilao-GU 96913-6304

EDDIE BAZA CALVO, Governor  
 RAY TENORIO, Lt. Governor  
 James W. Gillan, Director  
 Leo G. Casil, Deputy Director

**MARRIAGE APPLICATION**

TO BE COMPLETED BY MALE APPLICANT				TO BE COMPLETED BY FEMALE APPLICANT			
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			

*Intent to hyphenate name after marriage: Yes or No*

*Intent to hyphenate name after marriage: Yes or No*

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

**GOVERNMENT OF GUAM  
U.S. STANDARD  
LICENSE AND CERTIFICATE OF MARRIAGE**

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

LICENSE NUMBER

FILE NUMBER

1. GROOM'S NAME <i>(First, Middle, Last)</i>	2. AGE LAST BIRTHDAY
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3a. RESIDENCE—CITY, TOWN, OR LOCATION	3b. SS No.
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**GROOM**

3c. STATE	4. BIRTHPLACE <i>(State or Foreign Country)</i>	5. DATE OF BIRTH <i>(Month, Day, Year)</i>
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6a. FATHER'S NAME <i>(First, Middle, Last)</i>	6b. BIRTHPLACE <i>(State or Foreign Country)</i>	7a. MOTHER'S NAME <i>(First, Middle, Maiden Surname)</i>	7b. BIRTHPLACE <i>(State or Foreign Country)</i>
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8a. BRIDE'S NAME <i>(First, Middle, Last)</i>	8b. MAIDEN SURNAME <i>(if different)</i>	9. AGE LAST BIRTHDAY
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**BRIDE**

10a. RESIDENCE—CITY, TOWN, OR LOCATION	10b. SS No.
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10c. STATE	11. BIRTHPLACE <i>(State or Foreign Country)</i>	12. DATE OF BIRTH <i>(Month, Day, Year)</i>
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13a. FATHER'S NAME <i>(First, Middle, Last)</i>	13b. BIRTHPLACE <i>(State or Foreign Country)</i>	14a. MOTHER'S NAME <i>(First, Middle, Maiden Surname)</i>	14b. BIRTHPLACE <i>(State or Foreign Country)</i>
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**SIGNATURES**

**WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS TERRITORY.**

15. GROOM'S SIGNATURE	15. BRIDE'S SIGNATURE
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**LICENSE TO MARRY**

This License Authorizes the Marriage in This Territory of the Parties Named above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the Territory of Guam.

17. EXPIRATION DATE <i>(Month, Day, Year)</i>
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18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: <i>(Month, Day, Year)</i>	19. SIGNATURE OF ISSUING OFFICIAL	20. TITLE OF ISSUING OFFICIAL
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Return to office of vital statistics Dept. of Public Health & Social Services P.O. Box 200, Agaña, Guam within ten (10) days after solemnization of marriage

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: <i>(Month, Day, Year)</i>	22a. WHERE MARRIED—CITY, TOWN, OR LOCATION	22b. TYPE OF CEREMONY <i>Religious or Civil (Specify)</i>
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**CEREMONY**

23a. SIGNATURE OF PERSON PERFORMING CEREMONY	23b. NAME <i>(Type/Print)</i>	23c. TITLE
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23d. ADDRESS OF PERSON PERFORMING CEREMONY <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>
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24a. SIGNATURE OF WITNESS TO CEREMONY	24b. SIGNATURE OF WITNESS TO CEREMONY
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**LOCAL OFFICIAL**

25. SIGNATURE OF REGISTRAR	26. DATE FILED BY LOCAL OFFICIAL <i>(Month, Day, Year)</i>
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**CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

27. NUMBER OF THIS MARRIAGE— First, Second, etc. <i>(Specify below)</i>	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		29. RACE—American Indian, Black; White, etc. <i>(Specify below)</i>	30. EDUCATION <i>(Specify only highest grade completed)</i>	
	By Death, Divorce, Dissolution, or Annulment <i>(Specify below)</i>	Date <i>(Month, Day, Year)</i>		Elementary/Secondary (0-12)	College (1-4 or 5+)
27a.	28a.	28b.	29a.	30a.	
27b.	28c.	28d.	29b.	30b.	

**GROOM**

**BRIDE**

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES OFFICE OF VITAL STATISTICS