

MARRIAGE CERTIFICATE APPLICATION FORM  
General Register Office - Government of Guyana

|                        |   |  |  |  |  |  |  |  |  |
|------------------------|---|--|--|--|--|--|--|--|--|
| ACCESSION/<br>FILE NO. | M |  |  |  |  |  |  |  |  |
| CERT. NO.              | M |  |  |  |  |  |  |  |  |

DO NOT WRITE IN SHADED AREAS ON THIS FORM – WRITE ALL INFORMATION CLEARLY IN INK – IN SECTIONS 1 TO 12 PROVIDED ALL INFORMATION ABOUT THE PERSON FOR WHOM THE BIRTH CERTIFICATE IS TO BE ISSUED.

PARTICULARS OF CONTRACTING PARTIES

HUSBAND SECTIONS (1 – 5)

WIFE SECTIONS (6-10)

|                                  |     |       |      |                                  |     |       |      |
|----------------------------------|-----|-------|------|----------------------------------|-----|-------|------|
| <sup>1</sup> LAST NAME (SURNAME) |     |       |      | <sup>6</sup> LAST NAME (SURNAME) |     |       |      |
| <sup>2</sup> FIRST & OTHER NAMES |     |       |      | <sup>7</sup> FIRST & OTHER NAMES |     |       |      |
| <sup>3</sup> ADDRESS             |     |       |      | <sup>8</sup> ADDRESS             |     |       |      |
| <sup>4</sup> DATE OF BIRTH       | DAY | MONTH | YEAR | <sup>9</sup> DATE OF BIRTH       | DAY | MONTH | YEAR |
|                                  |     |       |      |                                  |     |       |      |
| <sup>5</sup> OCCUPATION          |     |       |      | <sup>10</sup> OCCUPATION         |     |       |      |

|   |      |       |      |                                 |  |  |  |
|---|------|-------|------|---------------------------------|--|--|--|
| <sup>11</sup> DATE OF MARRIAGE                                    | DAY  | MONTH | YEAR | <sup>12</sup> PLACE OF MARRIAGE |  |  |  |
|   |      |       |      |                                 |  |  |  |
| <sup>13</sup> NAME AND ADDRESS TO WHICH CERTIFICATE IS TO BE SENT | NAME |       |      | ADDRESS                         |  |  |  |
|   |      |       |      |                                 |  |  |  |

|                                    |  |   |                 |  |                                |            |         |
|------------------------------------|--|---|-----------------|--|--------------------------------|------------|---------|
| <sup>14</sup> POST OFFICE USE ONLY | POST OFFICE  | DATE RECV.  | TRANSMITTAL NO. | ITEM NO.   | RECEIPT NO.                    | NO. COPIES | INITIAL |
|                                    |  |   |                 |  |                                |            |         |
| <sup>15</sup> GRO USE ONLY         | RECV.  | OPER.   | TRANS.          | DESP.  | AFFIX<br>POSTAGE STAMP<br>HERE |            |         |
|                                    | ADV H P  | H P   | H P             | H P  |                                |            |         |
|                                    | CLK  |   |                 |  |                                |            |         |
|                                    | DI   |   |                 |  |                                |            |         |
|                                    | DO   |   |                 |  |                                |            |         |
| RMK                                | IC <input type="checkbox"/> ANE <input type="checkbox"/> TD <input type="checkbox"/> | ENT <input type="checkbox"/> DES <input type="checkbox"/> |                 | CERT <input type="checkbox"/> NOT <input type="checkbox"/> |                                |            |         |