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APPLICATION FOR MARRIAGE LICENSE

Form #: _____ DATE: _____

NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

PREVIOUS NAME (IF ANY): _____

NATIONALITY: _____ PASSPORT NO.: _____

DATE OF BIRTH: _____
DATE MONTH YEAR

PLACE OF BIRTH: _____
CITY/TOWN COUNTY/COUNTRY

COUNTY AND COUNTRY OF ORIGIN: _____

PLACE OF RESIDENCE: _____
CITY/TOWN COUNTY/COUNTRY

OCCUPATION: _____ PLACE OF WORK: _____

TELEPHONE: _____

NAME OF FORMER SPOUSE (S) IF ANY _____

DATE AND PLACE OF DISSOLUTION OF MARRIAGE: _____

GROOM-TO-BE-FATHER'S NAME: _____

GROOM-TO-BE-FATHER'S ADDRESS: _____

GROOM-TO-BE-MOTHER'S NAME: _____

GROOM-TO-BE-MOTHER'S ADDRESS: _____

PROPOSED SPOUSE (WIFE-TO-BE): _____
FIRST NAME MIDDLE NAME LAST NAME

PREVIOUS NAME (IF ANY): _____

NATIONALITY: _____ PASSPORT NO _____

DATE OF BIRTH: _____
DATE MONTH YEAR

PLACE OF BIRTH: _____
CITY/TOWN COUNTY/ COUNTRY

COUNTY OR COUNTRY OF ORIGIN: _____
CITY/TOWN COUNTY/COUNTRY

PLACE OF RESIDENCE: _____

OCCUPATION: _____ PLACE OF WORK _____

TELEPHONE: _____

NAME OF FORMER SPOUSE (S) IF ANY _____

DATE AND PLACE OF DISSOLUTION OF MARRIAGE: _____

BRIDE-TO-BE-FATHER'S NAME: _____

BRIDE-TO-BE-FATHER'S ADDRESS: _____

BRIDE-TO-BE-MOTHER'S NAME: _____

BRIDE-TO-BE-MOTHER'S ADDRESS: _____

PROPOSED DATE OF MARRIAGE: _____
DATE MONTH YEAR

PLACE OF MARRIAGE: _____
(NAME OF) CHURCH/HOUSE LOCALITY CITY/TOWN

IS COUPLE TO-BE RELATIVE BY BLOOD? IF YES, STATE HOW: _____

WHO WILL PERFORM THE MARRIAGE (NAME/TITLE) _____

THE ABOVE INFORMATION IS TRUE CORRECT TO THE BEST OF OUR KNOWLEDGE THERE EXIST NO LEGAL BARRIER TO OUR RIGHT TO ENTER INTO MARRIAGE WE ARE WILLING AND PREPARED TO PERFORM ALL THE ACTS REQUIRED BY LAW TO ENTITLE US TO BE JOINED IN MARRIAGE.

WE CERTIFY THAT MARRIAGE RITES WILL BE PERFORMED WITHIN SEVEN (7) DAYS AFTER RECEIPT OF MARRIAGE LICENSES. WE UNDERSTAND THAT FALSE INFORMATION WILL SUBJECT US TO PROSECUTION UNDER THE LAW.

WITNESSES: 1. _____ SIGNATURE OF GROOM-TO-BE: _____
2. _____ SIGNATURE OF BRIDE-TO-BE: _____

THE APPLICATION IS TO BE ACCOMPANIED BY THE BELOW LISTED REQUIREMENTS:

1. MEDICAL CERTIFICATE-ONE COPY OF EACH APPLICANT FROM A RECOGNIZED DOCTOR/HOSPITAL.
2. PASSPORT SIZE PICTURES-ONE COPY OF EACH APPLICANT.
* Photo must have white background and applicant must dress decently. Over-exposed body parts and T-shirts are not acceptable.
3. PHOTOCOPY OF BILL OF DIVORCEMENT-WHEN APPLICABLE WILL BE REQUIRED AND AN EVIDENCE OF DEATH, IF DECEASED.
4. BIRTH CERTIFICATE FROM MINISTRY OF HEALTH AND SOCIAL WELFARE, ONE COPY EACH APPLICAN.

NOTE: Complete Application form and Requirement must be brought to the Marriage Section in a Manila or size 015 folder NOT LESS THAN TEN (10) WORKING DAYS TO THE PROPOSED DATE OF MARRIAGE. THIS FORM IS NOT VALID AFTER 10 WORKING DAYS FROM THE DAY OF PURCHASE.