



GOVERNMENT OF GUÅHAN



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALIT PUPBLEKO YAN SETBISION SUSIAT

123 Chalan Kareta, Mangilao, Guåhan 96913-6304

Eddie Baza Calvo
Governor

James W. Gillan
Director

Ray Tenorio
Lieutenant Governor

Leo G. Casil
Deputy Director

AFFIDAVIT OF FOREIGN BIRTH

I, \_\_\_\_\_, do hereby solemnly swear, depose, and state that
my true and correct name is: \_\_\_\_\_. I was born
on \_\_\_\_ in \_\_\_\_
(Month) (Day) (Year) (City/Town/State/Country)

(BIOLOGICAL PARENTS)

Father's Name: \_\_\_\_\_ (Living/Deceased) Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (Living/Deceased) Birthplace: \_\_\_\_\_

(IF ADOPTED)

Father's Name: \_\_\_\_\_ (Living/Deceased) Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (Living/Deceased) Birthplace: \_\_\_\_\_

- 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 of Marriage with
Department of Public Health and Social Services, Government of Guam.

SIGNATURE OF AFFIANT

SUBSCRIBED and SWORN to before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(NOTARY PUBLIC) in and for Guam.
My commission expires: \_\_\_\_\_

NOTE: To obtain this form a fee of \$1.00 is applicable