



GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)

123 Chalan Kareta
Mangilao, Guam 96913-6304

Felix P. Camacho
GOVERNOR

J. Peter Roberto, ACSW
Acting Director

Michael W. Cruz, MD
LIEUTENANT GOVERNOR

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
_____. In compliance with the Rules and Regulations of the
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

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