

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
OFFICE OF VITAL STATISTICS

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APPLICATION FOR CERTIFICATE: BIRTH DEATH MARRIAGE

First	Middle	Last
Name on Certificate: _____		

Date of Birth: _____	Date of Death: _____	Place of Death: _____
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Father's Full Name: _____
Mother's Full Maiden Name: _____

Date of Marriage: _____	Place of Marriage: _____
Bride's Name: _____	
If Requesting for Marriage provide name of bride before Marriage	

Number of copies desired: _____	Certificate No. (if known): 160- _____
Relationship to Person Named on Certificate: _____	
If Self, Please state "Self"	
<i>Please Enclose a copy of a Valid Photo Identification</i>	

Print and Sign Your Name and Return Mailing Address Below

Name: _____	Signature: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____

Note: Copies of Certificates can only be issued to persons to whom the records relates, if of age, or a parent or other legal lawful representative. If this request is not of your own record or that of your child, proper written authorization must be accompanied with this application.

FEE: PURSUANT TO 10 GCA Chapter 3, Section 3127, a fee of \$5.00 is being charged for Birth/Death Certificate for each certified copy issued. Method of payments accepted are Money Order or Cashiers Checks payable to the TREASURER OF GUAM. NO PERSONAL CHECKS, CREDIT CARDS OR FOREIGN CURRENCY ARE ACCEPTED, APPLICANTS ARE ADVISED NOT TO SEND CASH. Effective April 1, 2008 Marriage Certificate are \$10.00