



# GOVERNMENT OF GUÅHAN



## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

123 Chalan Kareta, Mangilao, Guåhan 96913-6304

Eddie Baza Calvo  
Governor

Ray Tenorio  
Lieutenant Governor

James W. Gillan  
Director

Leo G. Casil  
Deputy Director

### MARRIAGE APPLICATION INFORMATION

Unless a marriage waiver is requested, **NO** license shall be issued until the expiration of five (5) working days, unless for a good cause shown.

Keep in mind that even if the five (5) days has lapsed, you do not have to pick up the marriage license until you are in fact ready to marry.

Once you have picked up your marriage license, you must complete the marriage within sixty (60) days of the date of issue. If the sixty (60) days has expired, **you must reapply and pay pertinent fee(s) once again.**

Understandably, where you get married or who performs /solemnizes the marriage here on Guam, the applicant must make all the arrangements.

#### STEPS TO FOLLOW:

**NOTE:** Please follow these important steps to ensure full completion of the marriage licensing process.

#### Step One:

##### WHO MAY PERFORM/SOLEMNIZE MARRIAGE

1. The Governor or Lieutenant Governor of Guam.
2. The Judges of the Superior Court of Guam.
3. Ordained Clergyman or Priests from their respective **on-island** religious order.
4. The Director or Deputy Director of the Department of Administration.
5. The Speaker of the Guam Legislature or his designee.
6. Mayor /Vice Mayor (Community Development Fund \$50.00)

#### Step Two:

Once the ceremony has been performed, **PLEASE ENSURE** that you turn in your marriage certificate within ten (10) days of the commencement date to the Office of Vital Statistics, Department of Public Health and Social Services in Mangilao, Route 10 (Vietnam Veteran's Highway). Only the Office of Vital Statistics can register and certify you legally married. You may contact our office at 735-7185.

When visiting the Office of Vital Statistics to register your marriage, we recommend that you also request for multiple certified copies of your marriage certificate as this may be required by the military, immigration, and/or name change. The cost for a certified copy of your **MARRIAGE CERTIFICATE IS \$10.00.**

### YOU MAY PICK UP YOUR MARRIAGE LICENSE

STARTING \_\_\_\_\_ Monday thru Thursday 8:00am-11:30am & 1:00pm- 3:30pm

LICENSE # \_\_\_\_\_

## REQUIREMENTS

PURSUANT TO SECTION 60, VOL. I, ARTICLE II OF THE CIVIL CODE OF GUAM AND PUBLIC LAW 16-73, THE FOLLOWING MUST BE COMPLIED WITH BEFORE THE ISSUANCE OF ANY MARRIAGE LICENSE.

1. **BOTH APPLICANTS** must be present at the time of submission of this application. Valid Picture Identification.
2. **BIRTH CERTIFICATES:** Both applicants must present a Certified True Copy of their Birth Certificates issued by the Office of Vital Statistics or Registrar. *Baptismal or hospital certificates are not acceptable.* Birth certificates in foreign languages must be translated by an official translator and notarized.
3. **ADOPTION:** If either applicant was adopted, adoption papers must be presented.
4. **NATURALIZED CITIZENS:** If either applicant is a Naturalized Citizen; Naturalization Certificate or Certificate of Citizenship must be presented and accompanied by a U.S. Passport. Applicants must provide a Notarized Affidavit of Foreign Birth.
5. **FOREIGN COUNTRY:** If either applicant was born abroad (in a foreign country) to U.S. Citizens (Parents), be it on military installations / other, a Department of State, Certification of Birth Abroad (Form FS-545) must be presented or in a foreign country. Applicants must provide a Notarized Affidavit of Foreign Birth.
6. **ALIEN:** If either applicant is a Resident Alien or Non-Immigrant Alien, or of foreign descent, it is mandatory that he or she present their birth certificate or family register, duly translated into English, and their respective country's current passport. Applicants must provide a Notarized Affidavit of Foreign Birth indicating their correct Full Legal Name; Date and Place of birth; Residential Address; Parents Complete Names (living or deceased) and Parents Residential Address (if living); and Whether or Not either applicant has been previously married.
7. **PREVIOUS MARRIAGE:** In case of termination of a previous marriage by divorce, death or annulment, the applicant must provide a Certified True Copy of the final divorce decree and/or Interlocutory Judgment (if maiden name was restored, document must be provided), death certificate and/ or annulment document to the Office of Vital Statistics. Photo or Xerox copies are not acceptable. (CC Vol. I Sec. 69(d) and Attorney General Memo, Ref. 81-0292 dated July 7, 1981)
8. **RETENTION OF MAIDEN NAME:** If a female applicant desires to maintain her maiden name after marriage, she must submit an Affidavit to Retain Maiden Name in Triplicate stating the fact that she elects to keep her maiden name after marriage and the reason. All three affidavits must be notarized.
9. **HYPHENATION:** Intention to hyphenated name after marriage must be declared at the time of marriage license application.
10. **FEE:** A fee of Thirty Dollars (\$30.00) is required upon filing of this application and is not refundable if the license is not issued or used. (CC Vol. I Sec. 69, (i) Amd. 16-73, Sec. 11).
11. **WAITING PERIOD:** No license shall be issued/released until after the expiration of five (5) days after final submission of the application. Such a waiting period may be waived through affidavit for good cause shown. An additional fee of Fifty Dollars (\$50.00) will be assessed for the waiver, if approved.
12. **MINORS:** Applicants under the age of eighteen (18) must obtain a Court Order to marry and must be accompanied by a parent or guardian giving consent upon filing this application.
13. **COMMUNITY DEVELOPMENT FUND:** Please be advised that if a Mayor or Vice Mayor is to perform your marriage ceremony, there is an additional fee of \$50.00 payable at the time of application.
14. **Processing of Marriage Application is between 9:00am – 10:30am and 1:00 pm – 2:30pm.**



DEPARTMENT OF  
**PUBLIC HEALTH AND SOCIAL SERVICES**  
 GOVERNMENT OF GUAM – 123 Chalan Kareta, Mangilao-GU 96913-6304

EDDIE BAZA CALVO, Governor  
 RAY TENORIO, Lt. Governor  
 James W. Gillan, Director  
 Leo G. Casil, Deputy Director

**MARRIAGE APPLICATION**

TO BE COMPLETED BY MALE APPLICANT				TO BE COMPLETED BY FEMALE APPLICANT			
GROOM'S NAME IN FULL ( <i>First, Middle, Last</i> )				BRIDE'S NAME IN FULL ( <i>First, Middle, Last</i> )			
AGE	DATE OF BIRTH	BIRTHPLACE		AGE	DATE OF BIRTH	BIRTHPLACE	
CITIZENSHIP		SSN: _____		CITIZENSHIP		SSN: _____	
Resident Alien ( )		NAT: _____		Resident Alien ( )		NAT: _____	
Non-Immigrant ( )		Passport: _____		Non-Immigrant ( )		Passport: _____	
PRESENT LOCAL RESIDENCE ADDRESS				PRESENT LOCAL RESIDENCE ADDRESS			
TRADE OR OCCUPATION				TRADE OR OCCUPATION			
SINGLE ( ) WIDOWED ( )		NO. OF THIS MARRIAGE		SINGLE ( ) WIDOWED ( )		NO. OF THIS MARRIAGE	
DIVORCED ( ) ANNULLED ( )				DIVORCED ( ) ANNULLED ( )			
WHERE CONTRACTED ( <i>State of Last Marriage</i> )				WHERE CONTRACTED ( <i>State of Last Marriage</i> )			
LAST MARRIAGE ENDED				LAST MARRIAGE ENDED/MAIDEN NAME ( <i>If previously married</i> )			
RACE ( <i>Chamorro, Caucasian, Filipino, etc.</i> )				RACE ( <i>Chamorro, Caucasian, Filipino, etc.</i> )			
FATHER'S NAME ( <i>In full, Living or Deceased</i> )				FATHER'S NAME ( <i>In full, Living or Deceased</i> )			
FATHER'S BIRTHPLACE				FATHER'S BIRTHPLACE			
MOTHER'S NAME ( <i>In full, Living or Deceased</i> )				MOTHER'S NAME ( <i>In full, Living or Deceased</i> )			
MOTHER'S MAIDEN NAME ( <i>In Full</i> )				MOTHER'S MAIDEN NAME ( <i>In Full</i> )			
MOTHER'S BIRTHPLACE				MOTHER'S BIRTHPLACE			
EDUCATION THRU HIGH SCHOOL		DEGREE		EDUCATION THRU HIGH SCHOOL		DEGREE	
1 2 3 4 5 6 7 8 9 10 11 12				1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGE 1 2 3 4 5				COLLEGE 1 2 3 4 5			

*Intent to hyphenate name after marriage: Yes or No*

*Intent to hyphenate name after marriage: Yes or No*

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 SIGNATURE IN FULL OF MALE APPLICANT

\_\_\_\_\_  
 SIGNATURE IN FULL OF FEMALE APPLICANT



GOVERNMENT OF GUAM  
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
 GOVERNOR

RAY TENORIO  
 LIEUTENANT GOVERNOR

JAMES W. GILLAN  
 DIRECTOR

LEO G. CASIL  
 DEPUTY DIRECTOR

### Waiver Affidavit

We, the undersigned, being sworn, state that, pursuant to section 3202©, title 10, Guam Code Annotated, as amended, we are requesting to have the (5) five day waiting period waived for the issuance of the Marriage License for the following reasons:

	Military orders indicating he/she will be on island not more that (5) five days.
	Airlines (plane) tickets showing the date of return to your destination not more that (5) days stay in Guam.
	Wedding ceremony has been scheduled within the (5) five days.
	Medical reasons, and has to leave the island within the (5) five days.
	Other <i>please specify</i>

IN THE TESTIMONY WHEREOF, we have hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_ in the Territory of Guam.

Groom's Name: \_\_\_\_\_

Residence Address of Groom in Guam: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Groom's Signature

Bride's Name: \_\_\_\_\_

Residence Address of Bride in Guam: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Bride's Signature

Pursuant to Section 4308, Title 6, Guam Code Annotated, I declare under penalty of perjury under the laws of Guam that the foregoing is true and correct.

\_\_\_\_\_  
 Signature of Groom/Date

\_\_\_\_\_  
 Signature of Bride/Date



GOVERNMENT OF GUÅHAN



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

123 Chalan Kareta, Mangilao, Guåhan 96913-6304

Eddie Baza Calvo
Governor

Ray Tenorio
Lieutenant Governor

James W. Gillan
Director

Leo G. Casil
Deputy Director

AFFIDAVIT STATEMENT
REQUESTING TO RETAIN MAIDEN NAME IN MARRIAGE

I, \_\_\_\_\_, WHOSE GUAM DRIVERS LICENSE

# \_\_\_\_\_ AND LOCAL GUAM MAILING ADDRESS IS:

\_\_\_\_\_ BEING FIRST

DULY SWORN, HEREBY REQUEST TO RETAIN MY MAIDEN NAME, BEING

\_\_\_\_\_ ON MY MARRIAGE LICENSE.

REASON: \_\_\_\_\_

SIGNATURE

Territory of Guam
Subscribed and Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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