



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
OFFICE OF VITAL STATISTICS * WWW.DPHSS.GUAM.GOV



AFFIDAVIT OF FOREIGN BIRTH

PLEASE READ THE ENTIRE FORM AND COMPLETE IT CAREFULLY IN BLACK OR BLUE INK ONLY. THIS IS A LEGAL DOCUMENT. DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND WHAT IT MEANS.

PURPOSE

AN AFFIDAVIT OF FOREIGN BIRTH MUST BE SUBMITTED WITH AN APPLICATION FOR A MARRIAGE LICENSE AND CERTIFICATE IF THE AFFIANT IS OF FOREIGN DESCENT AND IS NOT A CITIZEN OF THE UNITED STATES OF AMERICA. THE AFFIDAVIT MUST BE ACCOMPANIED BY THE AFFIANT'S CERTIFIED TRUE COPY OF THEIR BIRTH CERTIFICATE AND A CURRENT AND UNEXPIRED PASSPORT FROM HIS OR HER RESPECTIVE COUNTRY. BIRTH CERTIFICATES, FAMILY RELATIONS AND CIVIL REGISTRIES IN FOREIGN LANGUAGE MUST BE TRANSLATED INTO ENGLISH AND NOTARIZED. BAPTISMAL OR HOSPITAL CERTIFICATES ARE NOT ACCEPTABLE. THE AFFIDAVIT MUST BE SIGNED IN FRONT OF A NOTARY AND MUST NOT EXCEED THE EXPIRATION OF THIRTY (30) DAYS FROM THE TIME OF NOTARIZATION.

DECLARATION

I, _____, DO HEREBY SOLEMNLY SWEAR, DEPOSE, AND STATE THAT MY TRUE AND CORRECT NAME IS: _____. I WAS BORN ON _____ IN THE STATE/COUNTRY OF _____,

NATURAL PARENTS

PARENT #1 NAME: _____ (LIVING/DECEASED) BIRTHPLACE: _____

PARENT #2 NAME: _____ (LIVING/DECEASED) BIRTHPLACE: _____

IF ADOPTED

PARENT #1 NAME: _____ (LIVING/DECEASED) BIRTHPLACE: _____

PARENT #2 NAME: _____ (LIVING/DECEASED) BIRTHPLACE: _____

STOP! YOU MUST SIGN THIS FORM IN FRONT OF THE NOTARY PUBLIC

AFFIDAVIT

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT: (Check One)

1. _____ I HAVE NEVER BEEN MARRIED.
2. _____ I HAVE BEEN MARRIED BEFORE.
3. THIS AFFIDAVIT IS MADE IN SUPPORT OF MY APPLICATION FOR A MARRIAGE LICENSE AND CERTIFICATE WITH _____ IN COMPLIANCE WITH THE RULES AND REGULATIONS OF THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, GOVERNMENT OF GUAM.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

IDENTIFYING DOCUMENT PRESENTED
(TO BE COMPLETED BY NOTARY)

INITIALS

☐ DRIVER'S LICENSE ☐ PASSPORT ☐ MILITARY ID ☐ OTHER (SPECIFY) _____

ID#: _____ PLACE OF ISSUE: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

SIGNATURE OF AFFIANT

NOTARY PUBLIC IN AND FOR GUAM
MY COMMISSION EXPIRES: _____

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