



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



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AFFIDAVIT STATEMENT

REQUESTING TO RETAIN MAIDEN NAME IN MARRIAGE

I, _____, whose Guam Drivers License Number is _____
 and local Guam mailing address is: _____ being first
 duly sworn, hereby request to retain my maiden name, being _____
 on my marriage license.

REASON: _____

 Signature

SUBSCRIBED and SWORN to before me on this _____ day of _____ 20 _____

 (NOTARY PUBLIC) in and for Guam
 My commissioner expires: _____



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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, 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 Clergymen 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 you 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 _____ between 8:00a.m. - 3:30p.m. Closed weekends and holidays.
Closed 11:30a.m. - 1:00p.m.

TELEPHONE NO.: 1.671.7357102* FAX NO.: 1.671.734.5910

123 CHALAN KARETA, MANGILAO, GUAM 96913-6304
www.dphss.guam.gov • Ph.: 1.671.735.7102 • Fax: 1.671.734.5910



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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.



GOVERNMENT OF GUÅHAN



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

123 Chalan Kareta, Mangilao, Guåhan 96913-6304

OFFICE OF VITAL STATISTICS

AFFIDAVIT OF PUBLIC ACKNOWLEDGEMENT OF ILLEGITIMATE CHILD/CHILDREN BY FATHER

I, _____, OF LEGAL AGE, FIRST BEING DULY SWORN ON OATH DEPOSE AND SAY:

THAT THE AFFIANT IS A CITIZEN OF THE UNITED STATES AND A RESIDENT OF _____ RACE _____; DATE OF BIRTH _____; PLACE OF BIRTH _____ AND EDUCATION _____, THAT AFFIANT ON THE _____ DAY OF _____ (year) MARRIED _____ WHOSE MAIDEN NAME IS _____ AT _____ THAT PRIOR TO THE AFORESAID MARRIAGE, THE SAID _____ GAVE BIRTH TO THE FOLLOWING CHILD/CHILDREN.

Table with 3 columns: NAME, DATE OF BIRTH, PLACE OF BIRTH

AND RECORDED AT THE OFFICE OF VITAL STATISTICS, DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, GOVERNMENT OF GUAM;

THAT AFFIANT IS THE FATHER OF THE SAID CHILD/CHILDREN PRIOR TO THIS AFORESAID MARRIAGE WITH HIS PRESENT WIFE OR MOTHER OF SAID CHILD/CHILDREN.

THAT AFFIANT PUBLICLY ACKNOWLEDGE THE SAID CHILD/CHILDREN AS HIS LAWFUL CHILD/CHILDREN AND THAT SUCH ACKNOWLEDGMENT IS HEREWITH CONFIRMED BY HIS WIFE WHO LIKewise SUBSCRIBES HER NAME HERETO;

WHEREFORE, PURSUANT TO SECTION 3222 OF PUBLIC LAW 22-130 AND SECTION 9320 (9) OF THE RULES AND REGULATIONS RELATING TO THE ISSUANCE OF NEW BIRTH CERTIFICATE UPON PROOF OF LEGITIMATION THE AFFIANT RESPECTFULLY REQUEST THAT THE NAMES OF THE SAID CHILD/CHILDREN AS REGISTERED IN THE OFFICE OF VITAL STATISTICS BE CHANGED TO THE FAMILY NAME OF THE AFFIANT, AND THAT THE SAID CHILD/CHILDREN SHALL HEREINAFTER BE KNOWN AND RECORDED AS FOLLOWS:

NEW NAME OF CHILD/CHILDREN

Blank lines for entering the new name of the child/children

WITH MY FULL AND FREE CONSENT _____ AFFIANT

(MOTHER'S SIGNATURE) _____

ACKNOWLEDGMENT

SUBSCRIBE AND SWORN TO before me this _____ day of _____, _____ (year)

NOTARY PUBLIC in and for _____

My commission expires _____



GOVERNMENT OF GUAHAN



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

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OFFICE OF VITAL STATISTICS

AFFIDAVIT OF PUBLIC ACKNOWLEDGEMENT OF LEGITIMATE CHILD/CHILDREN BY FATHER

I, _____, OF LEGAL AGE, FIRST BEING DULY SWORN ON OATH DEPOSE AND SAY:

THAT THE AFFIANT IS A CITIZEN OF THE UNITED STATES AND A RESIDENT OF _____ RACE _____; DATE OF BIRTH _____; PLACE OF BIRTH _____ AND EDUCATION _____, THAT AFFIANT ON THE _____ DAY OF _____ (year) MARRIED _____ WHOSE MAIDEN NAME IS _____ AT _____ THAT PRIOR TO THE AFORESAID MARRIAGE, THE SAID _____ GAVE BIRTH TO THE FOLLOWING CHILD/CHILDREN.

Table with 3 columns: NAME, DATE OF BIRTH, PLACE OF BIRTH. Contains 4 empty rows for data entry.

AND RECORDED AT THE OFFICE OF VITAL STATISTICS, DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, GOVERNMENT OF GUAM;

THAT AFFIANT IS THE FATHER OF THE SAID CHILD/CHILDREN PRIOR TO THIS AFORESAID MARRIAGE WITH HIS PRESENT WIFE OR MOTHER OF SAID CHILD/CHILDREN.

THAT AFFIANT PUBLICLY ACKNOWLEDGE THE SAID CHILD/CHILDREN AS HIS LAWFUL CHILD/CHILDREN AND THAT SUCH ACKNOWLEDGMENT IS HEREWITH CONFIRMED BY HIS WIFE WHO LIKEWISE SUBSCRIBES HER NAME HERETO;

WHEREFORE, PURSUANT TO SECTION 3222 OF PUBLIC LAW 22-130 AND SECTION 9320 (9) OF THE RULES AND REGULATIONS RELATING TO THE ISSUANCE OF NEW BIRTH CERTIFICATE UPON PROOF OF LEGITIMATION THE AFFIANT RESPECTFULLY REQUEST THAT THE NAMES OF THE SAID CHILD/CHILDREN AS REGISTERED IN THE OFFICE OF VITAL STATISTICS BE CHANGED TO THE FAMILY NAME OF THE AFFIANT, AND THAT THE SAID CHILD/CHILDREN SHALL HEREINAFTER BE KNOWN AND RECORDED AS FOLLOWS:

NEW NAME OF CHILD/CHILDREN

Three horizontal lines for entering the new name of the child/children.

WITH MY FULL AND FREE CONSENT _____ AFFIANT

(MOTHER'S SIGNATURE)

ACKNOWLEDGMENT

SUBSCRIBE AND SWORN TO before me this _____ day of _____, _____ (year)

NOTARY PUBLIC in and for

My commission expires _____.