



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE MAYOR
 MUNICIPALITY OF SAIPAN
 CTC Building, 2799 Teer Drive Suite A, Oleai
 P.O. Box 501457 Saipan, MP 96950
 Tel: (670) 234-6208 • Fax: (670) 234-1190 • Email: saipanmayor@mos.gov.mp



Ramon "RB" Jose Blas Camacho
 Mayor of Saipan

MARRIAGE APPLICATION

| PARTY A | | PARTY B | |
|---|--|---|--|
| NAME (FIRST, MIDDLE, LAST) IN FULL | | NAME (FIRST, MIDDLE, LAST) IN FULL | |
| AGE | DATE OF BIRTH DAY MONTH YEAR | AGE | DATE OF BIRTH DAY MONTH YEAR |
| PLACE OF BIRTH (State or Foreign Country-City or Country, include characters if applicable) | | PLACE OF BIRTH (State or Foreign Country-City or Country, include characters if applicable) | |
| PRESENT ADDRESS (Describe Location & Provide Village Name) | | PRESENT ADDRESS (Describe Location & Provide Village Name) | |
| NON-RESIDENT (Please provide off-island address) | | NON-RESIDENT (Please provide off-island address) | |
| OCCUPATION | | OCCUPATION | |
| MARITAL STATUS: (<input type="checkbox"/>) SINGLE; (<input type="checkbox"/>) DIVORCE; (<input type="checkbox"/>) WIDOW; (<input type="checkbox"/>) SEPARATED | | MARITAL STATUS: (<input type="checkbox"/>) SINGLE; (<input type="checkbox"/>) DIVORCE; (<input type="checkbox"/>) WIDOW; (<input type="checkbox"/>) SEPARATED | |
| NUMBER OF PRIOR MARRIAGE(S) | HOW TERMINATED? 1. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled 2. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled 3. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled | NUMBER OF PRIOR MARRIAGE(S) | HOW TERMINATED? 1. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled 2. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled 3. <input type="checkbox"/> Death <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled |
| LAST DIVORCE GRANTED (Place) | Date | LAST DIVORCE GRANTED (Place) | Date |
| CONTACT NO. HOME: WORK: CELL: | | CONTACT NO. HOME: WORK: CELL: | |
| FATHER'S FULL NAME | | FATHER'S FULL NAME | |
| FATHER'S BIRTH PLACE & PERMANENT ADDRESS | | FATHER'S BIRTH PLACE & PERMANENT ADDRESS | |
| MOTHER'S FULL NAME | | MOTHER'S FULL NAME | |
| MOTHER'S BIRTH PLACE & PERMANENT ADDRESS | | MOTHER'S BIRTH PLACE & PERMANENT ADDRESS | |
| <i>I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT</i> | | <i>I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT</i> | |
| _____ SIGNATURE OF MALE APPLICANT (IN FULL) | | _____ SIGNATURE OF FEMALE APPLICANT (IN FULL) | |
| _____ DATE | | _____ DATE | |
| I CERTIFY THAT I HAVE REVIEWED THE ABOVE INFORMATION AND FOUND THAT THIS APPLICATION IS COMPLETE AND READY FOR PROCESSING. | | | |
| _____ SIGNATURE (MARRIAGE LICENSE SECTION) | | | |