



REPUBLIC OF LIBERIA
MINISTRY OF INTERNAL AFFAIRS

CAPITOL HILL, P.O. BOX 9008
1000 MONROVIA, 10 LIBERIA



Office of the Assistant Minister for
Legal Affairs

Form Number: _____

Traditional MARRIAGE CERTIFICATE Application Form

PLEASE PRINT LEGIBLY:

DATE: _____

1. GROOM'S NAME: _____ Cell# _____
2. COUNTY OF ORIGIN: _____ NATIONALITY: _____
3. DATE OF BIRTH: _____ CITY/TOWN OF BIRTH: _____ COUNTY OF BIRT _____
Month/Day/Year
4. CURRENT ADDRESS: _____
5. WERE YOU MARRIED BEFORE? (Yes) (No): WHEN _____ NAME OF SPOUSE: _____
6. FATHER'S NAME: _____ MOTHER'S NAME: _____
7. BRIDE'S NAME: _____ Cell # _____
8. COUNTY OF ORIGIN: _____ NATIONALITY: _____
9. WERE YOU MARRIED BEFORE? (Yes) (No): WHEN _____ NAME OF SPOUSE: _____
10. CURRENT ADDRESS: _____
11. DATE OF BIRTH: _____ CITY/TOWN OF BIRTH: _____ COUNTY OF BIRT _____
Month/Day/Year
12. FATHER'S NAME: _____ MOTHER'S NAME: _____
13. PLACE OF MARRIAGE: _____ DATE OF MARRIAGE: _____
Month/Day/Year
14. BRIDE PROPOSED MARRIAGE NAME: _____
15. WITNESS: _____ OFFICIATOR : _____
16. WITNESS CONTACT: _____ OFFICIATOR CONTACT: _____
17. TWO PASSPORT SIZE PHOTO EACH: 18. COST OF CERTIFICATE: _____

(IN WORDS)

I _____, solemnly declares and affirms, under the penalty of perjury that all allegations of facts contained in this TRADITIONAL MARRIAGE Certificate form are true and correct to the best of my knowledge and as to those matters of information I confirmed and affirmed, that I have verified and believed them to be true and correct.

FOR OFFICIAL USE ONLY:

Reference No. _____	Code: _____	Revenue No. _____
Day of Certification: _____	Month of Certification: _____	Year of Certification _____

VERIFIED BY: _____

RECEIVED BY: _____

SUPERINTENDENT/TRIBAL AFFAIRS

REGISTRAR

APPROVED BY: _____

ASSISTANT MINISTER FOR LEGAL AFFAIRS