

## APPLICATION FOR MARRIAGE LICENSE

<b>PHILIPPINE EMBASSY, PHNOM PENH</b>				<b>PHILIPPINE EMBASSY, PHNOM PENH</b>				
Sir/Madam: <i>May I apply for a license to contract marriage with _____ and to this effect, being duly sworn, I hereby depose and say that I have all the necessary qualifications and none of the legal disqualifications to contract the said marriage, and that the following data are true and correct to the best of my knowledge and information:</i>				Sir/Madam: <i>May I apply for a license to contract marriage with _____ and to this effect, being duly sworn, I hereby depose and say that I have all the necessary qualifications and none of the legal disqualifications to contract the said marriage, and that the following data are true and correct to the best of my knowledge and information:</i>				
(First)	(Middle)	(Last)		Name of Applicant	(First)	(Middle)	(Last)	
(Day)	(Month)	(Year)	(Age)	Date of Birth/Age	(Day)	(Month)	(Year)	(Age)
(City/Municipality)			(Province)	Place of Birth	(City/Municipality)			(Province)
				Sex (Male or Female)				
				Residence				
				Religion				
				Civil Status				
				If PREVIOUS MARRIED: How was it Dissolved				
(City/Municipality)			(Province)	Place where Dissolved	(City/Municipality)			(Province)
(Day)	(Month)	(Year)		Date when Dissolved	(Day)	(Month)	(Year)	
				Degree of Relationship of Contracting Parties				
(First)	(Middle)	(Last)		Name of Father	(First)	(Middle)	(Last)	
				Citizenship				
				Residence				
(First)	(Middle)	(Last)		Name of Mother	(First)	(Middle)	(Last)	
				Citizenship				
				Residence				
(First)	(Middle)	(Last)		Person who Gave Consent or Advice	(First)	(Middle)	(Last)	
				Relationship				
				Citizenship				
				Residence				
_____ (Signature of Applicant)  <b>SUBSCRIBED AND SWORN</b> to before me this ____ day of _____, 2020 in Phnom Penh, Cambodia.  FRANCES LOUISSA C. CLEOFAS Vice Consul				_____ (Signature of Applicant)  <b>SUBSCRIBED AND SWORN</b> to before me this ____ day of _____, 2020 in Phnom Penh, Cambodia.  FRANCES LOUISSA C. CLEOFAS Vice Consul				

DOC. NO. \_\_\_\_\_  
 SERVICE NO. \_\_\_\_\_  
 SERIES OF \_\_\_\_\_  
 FEE PAID \_\_\_\_\_  
 O.R. NO. \_\_\_\_\_