



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

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: _____