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

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: _____

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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.

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