

**MALE
PHOTO**

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**FEMALE
PHOTO**

APPLICATION FOR MARRIAGE LICENSE

Form #: 0-0458-011

DATE: _____

NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

PREVIOUS NAME (IF ANY): _____

NATIONALITY: _____ PASSPORT NO.: _____

DATE OF BIRTH: _____
DATE MONTH YEAR

PLACE OF BIRTH: _____
CITY/TOWN COUNTY/COUNTRY

COUNTY OR COUNTRY OF ORIGIN: _____

PLACE OF RESIDENCE: _____
CITY/TOWN COUNTY/COUNTRY

OCCUPATION: _____ PLACE OF WORK: _____

TELEPHONE: _____

NAME OF FORMER SPOUSE (S) IF ANY: _____

DATE AND PLACE OF DISSOLUTION OF MARRIAGE: _____

GROOM-TO-BE-FATHER'S NAME: _____

GROOM-TO-BE-FATHER'S ADDRESS: _____

GROOM-TO-BE-MOTHER'S NAME: _____

GROOM-TO-BE-MOTHER'S ADDRESS: _____

PROPOSED SPOUSE (WIFE-TO-BE): _____
FIRST NAME MIDDLE NAME LAST NAME

PREVIOUS NAME (IF ANY): _____

NATIONALITY: _____ PASSPORT NO. _____

DATE OF BIRTH: _____
DATE MONTH YEAR

PLACE OF BIRTH: _____
CITY/TOWN COUNTY/COUNTRY

COUNTY OR COUNTRY OF ORIGIN: _____
CITY/TOWN COUNTY/COUNTRY