



Ministry of Government and Consumer Services

Office of the Registrar General

# PARTICULARS OF MARRIAGE

FORM 9 under the Marriage Act

MARRIED BY:  Licence  Banns

SPOUSE <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Last Name	
First / Other Names	
Age	Date of Birth
Place of Birth	
Occupation	
Religious Denomination	
Residence at time of Marriage	
Parent's Name	
Parent's Name	

SPOUSE <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Last Name	
First / Other Names	
Age	Date of Birth
Place of Birth	
Occupation	
Religious Denomination	
Residence at time of Marriage	
Parent's Name	
Parent's Name	

### SIGNATURE

Spouse
Witness
Residence

### SIGNATURE

Spouse
Witness
Residence

**I CERTIFY THAT THE ABOVE NAMED PARTIES WERE MARRIED BY ME AT THE PLACE AND ON THE DATE SHOWN BELOW:**

Place of Marriage	Address
County, District or Regional Municipality	
Signature	Date

Marriage Licence or Banns Serial No.	Date of Issue (Licence only)	Place of Issue (Licence only)
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