G.P.-S. 09/09

DHA-130

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR MARRIAGE CERTIFICATE

MARRIAGE ACT 25 OF 1961, CIVIL UNION ACT 17 of 2006 AND RECOGNITION OF CUSTOMARY MARRIAGE ACT 120 of 1998

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in black ink with **BLOCK LETTERS**. Please mark with ☑ the CORRECT box, where required. **Applications that are not legible shall not be accepted.**

Please select below which certificate is required:

Unabridged Certificate ☐ **Certified copy of Marriage Register(vault copy)** ☐

Abridged Certificate ☐ **Handwritten abridged certificate** ☐

Please provide reasons for applying for this certificate:

_____

_____

A. PARTICULARS OF HUSBAND/PARTNER A

Identity number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐ Marriage entry number ☐☐☐☐☐☐☐☐☐

Date of birth Y Y Y Y M M M M M M M M M D D *(write month in full)*

Surname

Previous/Maiden surname

Forenames (in full)

B. PARTICULARS OF WIFE/PARTNER B

Identity number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐ Marriage entry number ☐☐☐☐☐☐☐☐☐

Date of birth Y Y Y Y M M M M M M M M M D D *(write month in full)*

Surname

Previous/Maiden surname

Forenames (in full)

C. PARTICULARS OF MARRIAGE

Type of marriage Civil Marriage ☐ Civil Union/Partnership ☐ Customary Marriage ☐ *(tick ☑ the correct box)*

Date of marriage Y Y Y Y M M M M M M M M M D D *(write month in full)*

Marriage officer: Surname

Forenames (in full)

Designation number Name of Church or Home Affairs office

Place of marriage/District. Town

Province Country of marriage

D. PARTICULARS OF APPLICANT

Identity number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Forenames (in full)

Residential address: Street

District/Town

Province Postal code

Telephone no., incl. area code Cell phone no.

Relationship to the married couple: ☐ Husband/Partner A ☐ Wife/Partner B ☐ Legal Representative

☐ Other, please specify

Signature of Applicant: _____ Date: Y Y Y Y M M D D

E. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Forenames in full

Persal No.

Date Y Y Y Y M M D D

Signature _____

DOCUMENTS SUBMITTED: PLEASE TICK ☑

☐ Original ID document of applicant was presented

☐ Power of Attorney attached, if applicable

☐ Payment received, if applicable

Office stamp - OFFICE OF ORIGIN