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 Certificated ☐ **Handwritten abrdiged 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 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 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 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

APPLICANT 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

Official Stamp - OFFICE OF ORIGIN