

**EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
Vientiane, Lao People's Democratic Republic**

APPLICATION FOR MARRIAGE LICENSE

Please write LEGIBLY in CAPITAL LETTERS

May I apply for a License to Contract Marriage with Ms. _____ and to this effect, being duly sworn, I hereby depose and say that I have all the necessary qualifications and none of the legal disqualifications to contract the said marriage, and that the following data are true and correct to the best of my knowledge and information:	May I apply for a License to Contract Marriage with Mr. _____ and to this effect, being duly sworn, I hereby depose and say that I have all the necessary qualifications and none of the legal disqualifications to contract the said marriage, and that the following data are true and correct to the best of my knowledge and information:
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	Name of Applicant (First, Middle, Last)	
	Date of Birth & Age (Day/Month/Year)	
	Place of Birth (City/Municipality & Province)	
MALE	Sex	FEMALE
	Citizenship	
	Religion	
	Civil Status	
	Residence in Laos	
	Residence in Philippines	
	Occupation	
	Contact Number	
	Email address	
	Name of Father	
	Citizenship of Father	
	Residence of Father	
	Maiden Name of Mother	
	Citizenship of Mother	
	Residence of Mother	
	Degree of relationship between contracting parties	

	If widow/er, full name of deceased spouse	
	Date of death of deceased spouse	

	If previously married, how it was dissolved	
	Place where it was dissolved	
	Date when it was dissolved	

	If needed consent or advice, Name of Persons who gave it	
	Relationship	
	Citizenship	
	Residence	

<p align="center">_____ Signature of Applicant & Date</p> <p>Subscribed and sworn to before me this _____ day of _____ in Vientiane, Lao PDR. Affiant exhibiting to me his _____ with No. _____ Issued on _____ at _____.</p>	<p align="center">_____ Signature of Applicant & Date</p> <p>Subscribed and sworn to before me this _____ day of _____ in Vientiane, Lao PDR. Affiant exhibiting to me her _____ with No. _____ Issued on _____ at _____.</p>
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Document No. :
 Service No. :
 Fee :
 O.R. No. :
 Series of :
 Date :