

INDEPENDENT STATE OF PAPUA NEW GUINEA  
*Marriage Act (Chapter 280)*  
**NOTICE OF INTENDED MARRIAGE FORM**

**O. For Office Use Only**

To \_\_\_\_\_  
 (NID No and Name of propose celebrant) Notice is hereby given of the intended Marriage between the under mentioned parties:

|   |                             |
|---|-----------------------------|
| *Province: <input type="text"/>                                 | *LLG: <input type="text"/>  |
| *District: <input type="text"/>                                 | *Ward: <input type="text"/> |
| *Registration Point: <input type="text"/>                       |                             |
| *Registration Date: <input type="text" value="DD - MM - YYYY"/> |                             |

**A. Bridegroom and Bride's Details:**

PLEASE WRITE IN BLOCK LETTERS & FILL UP ALL REQUIRED INFORMATION (\*)

| BRIDEGROOM   | BRIDE  |
|--|--|
| NID No: <input type="text"/>   | <input type="text"/>   |
| *Given Name(s): <input type="text"/>   | <input type="text"/>   |
| *Family Name: <input type="text"/>   | <input type="text"/>   |
| *Date of Birth: <input type="text" value="DD - MM - YYYY"/>  | <input type="text" value="DD - MM - YYYY"/>  |
| *Nationality: <input type="text"/>   | <input type="text"/>   |
| *Denomination: <input type="text"/>  | <input type="text"/>   |
| <b>Place of Birth:</b>   |  |
| *Country: <input type="text"/>   | <input type="text"/>   |
| *Province: <input type="text"/>  | <input type="text"/>   |
| *District: <input type="text"/>  | <input type="text"/>   |
| *LLG: <input type="text"/>   | <input type="text"/>   |
| *Ward: <input type="text"/>  | <input type="text"/>   |
| *Hospital/Village/Town: <input type="text"/>   | <input type="text"/>   |
| <b>Current Residential Address:</b>  |  |
| *Country: <input type="text"/>   | <input type="text"/>   |
| *Province/State: <input type="text"/>  | <input type="text"/>   |
| *District: <input type="text"/>  | <input type="text"/>   |
| *LLG: <input type="text"/>   | <input type="text"/>   |
| *Ward: <input type="text"/>  | <input type="text"/>   |
| *Village/Town: <input type="text"/>  | <input type="text"/>   |
| *Tribe: <input type="text"/>   | <input type="text"/>   |
| *Clan: <input type="text"/>  | <input type="text"/>   |
| *Conjugal Status: <input type="checkbox"/> Bachelor <input type="checkbox"/> Widower <input type="checkbox"/> Divorced | <input type="checkbox"/> Spinster <input type="checkbox"/> Widow <input type="checkbox"/> Divorced |
| *Occupation: <input type="text"/>  | <input type="text"/>   |

**BRIDEGROOM**

**BRIDE**

**Details of Father:**

NID No:

\*Given Name(s):

\*Family Name:

\*Nationality:

\*Occupation:

\*Date of Birth:  DD -  MM -  YYYY

DD -  MM -  YYYY

**Details of Mother:**

NID No:

\*Given Name(s):

\*Family Name:

\*Nationality:

\*Occupation:

\*Date of Birth:  DD -  MM -  YYYY

DD -  MM -  YYYY

**Are the Parties related to each other?**  Yes  No **If Yes, state relationship.....**

\*Signature of Parties:

\*Celebrant Signature:

**B. Where parties previously married?**  Yes  No **If Yes, that parties must give the following particulars**

**BRIDEGROOM**

**BRIDE**

No. of Previous Marriage:  Year of Previous Marriage:  YYYY

No. of Children from Previous Marriage:

How last Marriage terminated:  Death  Divorced

Date on which Last Marriage become final:  DD -  MM -  YYYY

Signature:

Year of Previous Marriage:  YYYY

Death  Divorced

DD -  MM -  YYYY

**C. PARTICULARS TO BE COMPILED BY CELEBRANT**

Date notice received by Celebrant:  DD -  MM -  YYYY Date marriage solemnized:  DD -  MM -  YYYY

Rites used:

Place marriage solemnized:

Consent Attached:  Yes  No \*Divorced Documents Attached:  Yes  No

Death Certificate Attached:  Yes  No

\*Signature of Celebrant:  NID No: