Municipal Form No. 94 (Form 9)

NOTICE

APPLICANT FOR MARRIAGE LICENSE

and	
Name:	Age:
Birthplace:	
Residence:	
Father:	
Mother:	
WISHES TO CONT	RACT MARRIAGE WITH
Name:	Age:
Birthplace:	
Residence:	
Father:	
Mother:	

Any person having knowledge of any legal impediment to such marriage will please report it to the undersigned within ten (10) days from this date.

Copy Furnished:

Note: This notice shall be posted during ten (10) consecutive days at the main door of the building where the Local Civil Registrar has his office and once posted, its location shall not be changed. (Rep. Act No. 386, Art. 63)