

# Certificate of No Record of Marriage

**Name of Applicant:**

**Date of Birth:**

**Place of Birth:**

**Nationality:**

**Address:**

This is to certify that based on the records available to this office, there is no record of marriage of the individual named above as of the date of issuance of this certificate.

**Date of Issue:**

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Signature of Officer

**Full Name of Officer:**

**Position/Title:**

**Office:**