



**Questionnaire for: Submission of marriage documents**

<b>MARRIAGE</b>		
Place of marriage		Date of marriage
<b>SPOUSE 1</b>		
Last name (surname)	First (given) name(s)	Middle name
Date of birth ( <i>day-month-year</i> )	Place of birth ( <i>city/province/country</i> )	Nationality ( <i>for CH: place of origin</i> )
Last name of father	First name(s) of father	Middle name of father
Last name of mother	First name(s) of mother	Middle name of mother
Civil status <u>before</u> marriage <input type="checkbox"/> single <input type="checkbox"/> divorced (fill in two next fields →) <input type="checkbox"/> widowed (fill in two next fields →)	Complete name former/late spouse	Place and date of divorce / passing
Residential address <u>prior</u> to marriage		Residential address <u>after</u> marriage
<b>Last name after marriage</b>		Email: Phone:
Place and date		Signature of spouse 1
<b>SPOUSE 2</b>		
Last name (surname)	First (given) name(s)	Middle name
Date of birth ( <i>day-month-year</i> )	Place of birth ( <i>city/province/country</i> )	Nationality ( <i>for CH: place of origin</i> )
Last name of father	First name(s) of father	Middle name of father
Last name of mother	First name(s) of mother	Middle name of mother
Civil status <u>before</u> marriage <input type="checkbox"/> single <input type="checkbox"/> divorced (fill in two next fields →) <input type="checkbox"/> widowed (fill in two next fields →)	Complete name former/late spouse	Place and date of divorce/passing
Residential address <u>prior</u> to marriage		Residential address <u>after</u> marriage
<b>Last name after marriage</b>		Email: Phone:
Place and date		Signature of spouse 2
<b>EVENTUAL CHILD/REN BORN AFTER THE MARRIAGE</b>		
<b>Last name for eventual child/ren born after the marriage:</b>		