

APPLICATION FORM FOR MARRIAGE LICENSE IN JAMAICA

Date of Wedding: ?

Please return this form, **CLEARLY PRINTED**, to:

Exotic Dream Weddings Jamaica

Suite 5, 126 Main St, Ocho Rios P.O., St. Ann, Jamaica W.I.

PHONE (876) 882-1012

FAX (876) 974-5578

GROOM' S INFORMATION

First Name	Middle Name	Last Name		
Date of Birth	Age	Number of Previous Marriages	Last Marriage Ended By: Death, Dissolution, Annulment	Date Marriage Ended
Usual Occupation		Full Name of Father		

BRIDE' S INFORMATION

First Name	Middle Name	Last Name	Maiden Name	
Date of Birth	AGE	Number of Previous Marriages	Last Marriage Ended By: Death,Dissolution,Annulment	Date Marriage Ended
Usual Occupation		Full Name of Father		

RESIDENCE INFORMATION

Street & Number	City	County	State & Zip Code
Bride' s Home Number	Bride' s Work Number	Groom' s Home Number	Groom' s Work Number

Time of wedding:

Venue: Beach

Name of ship or hotel staying:

Amount of people:

Circle one of the foll: Send Marriage certificates by:FEDEX \$70/Registered Mail. \$30