

UPPER DENKYIRA EAST MUNICIPAL ASSEMBLY REGISTRY

REQUIREMENT FOR MARRIAGE REGISTRATION

CALL CLIENT SERVICE ON [0322191104](tel:0322191104) FOR CLARIFICATION

A. PARTICULARS OF HUSBAND

NAME:

AGE:

OCCUPATION:

PLACE OF RESIDENCE:

FATHER'S NAME:

HOME TOWN:

PLACE OF MARRIAGE:

DATE OF MARRIAGE:

TWO (2) WITNESSES. 12

B. PARTICULARS OF WIFE

NAME:

AGE:

OCCUPATION:

PLACE OF RESIDENCE:

FATHER'S NAME:

HOME TOWN:

PLACE OF MARRIAGE:

DATE OF MARRIAGE:

TWO (2) WITNESSES. 12

NB: FILL THIS FORM, SUBMIT TO THE CLIENT SERVICE UNIT FOR ONWARD PROCESSING: KINDLY BRING ID's FOR VERIFICATION. NOTE THAT THE PROCESS **MUST** START TWENTY-ONE (21) DAYS TO DATE OF MARRIAGE. Do Not Pay Money To Middle Men.

THANK YOU.