



Embassy of Afghanistan

APPLICATION FOR MARRIAGE CERTIFICATE

Form EOA-MC

Groom's Name (First, middle & last)

لطفاً خپل نوم په پښتو یا دري وليکي.

Father's Name

ولد

Mother's Name

Date of Birth

Place of Birth

Bride's Name (First, middle & last)

Father's Name

ولد

Mother's Name

Date of Birth

Place of Birth

Marriage Date

(Month)

(Date)

(Year)

Present Address

(Street or Rural Route)

(City or Post Office)

(State)

(Zip Code)

Telephone (Home)

(Work)

Embassy of Afghanistan
Consulate Section
2233 Wisconsin Ave., N.W.
Suite 216
Washington, D.C. 20007

Tel: (202) 298-9125
Fax: (202) 298-9126

Signature (Groom) امضای

تاریخ

Date

/

/

/

Signature (Bride) امضای

تاریخ

Date

/

/

/

Witness امضای شاهد

تاریخ

Date

/

/

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Form EOA-MC