



## Embassy of Afghanistan

## APPLICATION FOR MARRIAGE CERTIFICATE

Form EOA-MC

Groom's Name (First, middle &amp; last)

لطفاً خپل نوم په پښتو یا دری ولیکی.

Father's Name

ولد

Mother's Name

Date of Birth

Place of Birth

Bride's Name (First, middle &amp; 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) امضاً

تاریخ

Date

/

/

/

Signature (Bride) امضاً

تاریخ

Date

/

/

/

Witness امضاً شاهد

تاریخ

Date

/

/

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Form EOA-MC