



APPLICATION FOR MARRIAGE CERTIFICATE

MARRIAGE ACT 25 OF 1961, CIVIL UNION ACT 17 of 2006 AND
RECOGNITION OF CUSTOMARY MARRIAGE ACT 120 of 1998

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in black ink with **BLOCK LETTERS**. Please mark with ☒ the CORRECT box, where required. Applications that are not legible shall not be accepted.

Please select below which certificate is required:

Unabridged Certificate ☒Certified copy of Marriage Register(vault copy) ☐Abridged Certificate ☐Handwritten abridged certificate ☐

Please provide reasons for applying for this certificate:

RESIDENCY IN PORTUGAL - REGISTER MARRIAGE IN PORTUGAL

A. PARTICULARS OF HUSBAND/PARTNER A

Identity number 830917 5060 083 Marriage entry number
 Date of birth 1983 SEPTEMBER 17 (write month in full)
 Surname GRIESEL
 Previous/Maiden surname
 Forenames (in full) WERNER

B. PARTICULARS OF WIFE/PARTNER B

Identity number C80214 78 Marriage entry number
 Date of birth 1987 JULY (write month in full)
 Surname FERREIRA GRANJA SANTOS
 Previous/Maiden surname
 Forenames (in full) ANA ISABEL

C. PARTICULARS OF MARRIAGE

Type of marriage Civil Marriage ☒ Civil Union/Partnership ☐ Customary Marriage ☐ (tick ☒ the correct box)
 Date of marriage 2020 DECEMBER 09 (write month in full)
 Marriage officer: Surname BERRANGE
 Forenames (in full) MARTIENA MARIA
 Designation number B041528 Name of Church or Home Affairs office FULL GOSPEL CHURCH
 Place of marriage/District, Town ELLOFFSDAL
 Province GAUTENG Country of marriage SOUTH AFRICA

D. PARTICULARS OF APPLICANT

Identity number 830917 5060 083
 Surname GRIESEL
 Forenames (in full) WERNER
 Residential address: Street RUA DA ASPRELA 100 ANTELOPE ST.
 District/Town FAERIE GLEN
 Province GAUTENG Postal code 0081
 Telephone no., incl. area code 0824449937 Cell phone no. 0824449937
 Relationship to the married couple ☒ Husband/Partner A ☐ Wife/Partner B ☐ Legal Representative
☐ Other, please specify

Signature of Applicant W. M.Date 2021 10 01

E. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Identity Number
 Surname
 Forenames in full
 Persal No
 Date Y Y Y Y M M D D

Signature DOCUMENTS SUBMITTED: PLEASE TICK ☒☐ Original ID document of applicant was presented☐ Power of Attorney attached, if applicable☐ Payment received, if applicable

Office stamp - OFFICE OF ORIGIN