



<input type="checkbox"/> Valid government-issued ID of the Document Owner <input type="checkbox"/> If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner/s	No. of Copies: _____	Registry No. _____
--	----------------------	--------------------

**MARRIAGE CERTIFICATE DETAILS**

HUSBAND'S NAME <small>(include JR., SR., II, etc., if applicable)</small>	
WIFE'S MAIDEN NAME <small>(name BEFORE marriage)</small>	
DATE OF MARRIAGE <small>(Month/Day/Year)</small>	
PLACE OF MARRIAGE <small>(City/Municipality and Province/Country, if married abroad)</small>	
PURPOSE OF REQUEST	

**INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE**

NAME	
CONTACT INFO ADDRESS	

**NOTICE / CONFORME**

The City Civil Registry Department (CCRD) of Quezon City is committed to efficiently attend to all civil registry concerns of its constituents and effectively provide them with excellent service. I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge and belief. I give my consent to the processing of the provided information, which shall remain confidential, and shall be retained by the CCRD in accordance with Republic Act No. 10173, also known as the "Data Privacy Act of 2012." I fully understand that the requested civil registry documents and other legal documents, if available in the CCRD, may only be released to me upon presentation of the required authorization letter or special power of attorney from the document owner/s, valid government issued IDs, and other necessary documents, subject to the pertinent provisions of RA 10173, its Implementing Rules and Regulations, PSA Memorandum Circular No. 2019-15 and 2019-15A, and other related laws.

Signature of the Requester/Authorized Representative \_\_\_\_\_ Date and Time \_\_\_\_\_

**FOR CCRD USE ONLY:**

Received by: \_\_\_\_\_ OR No. \_\_\_\_\_  
 Date/Time of Receipt: \_\_\_\_\_ Date/Time of Release: \_\_\_\_\_



<input type="checkbox"/> Valid government-issued ID of the Document Owner <input type="checkbox"/> If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner/s	No. of Copies: _____	Registry No. _____
--	----------------------	--------------------

**MARRIAGE CERTIFICATE DETAILS**

HUSBAND'S NAME <small>(include JR., SR., II, etc., if applicable)</small>	
WIFE'S MAIDEN NAME <small>(name BEFORE marriage)</small>	
DATE OF MARRIAGE <small>(Month/Day/Year)</small>	
PLACE OF MARRIAGE <small>(City/Municipality and Province/Country, if married abroad)</small>	
PURPOSE OF REQUEST	

**INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE**

NAME	
CONTACT INFO ADDRESS	

**NOTICE / CONFORME**

The City Civil Registry Department (CCRD) of Quezon City is committed to efficiently attend to all civil registry concerns of its constituents and effectively provide them with excellent service. I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge and belief. I give my consent to the processing of the provided information, which shall remain confidential, and shall be retained by the CCRD in accordance with Republic Act No. 10173, also known as the "Data Privacy Act of 2012." I fully understand that the requested civil registry documents and other legal documents, if available in the CCRD, may only be released to me upon presentation of the required authorization letter or special power of attorney from the document owner/s, valid government issued IDs, and other necessary documents, subject to the pertinent provisions of RA 10173, its Implementing Rules and Regulations, PSA Memorandum Circular No. 2019-15 and 2019-15A, and other related laws.

Signature of the Requester/Authorized Representative \_\_\_\_\_ Date and Time \_\_\_\_\_

**FOR CCRD USE ONLY:**

Received by: \_\_\_\_\_ OR No. \_\_\_\_\_  
 Date/Time of Receipt: \_\_\_\_\_ Date/Time of Release: \_\_\_\_\_



<input type="checkbox"/> Valid government-issued ID of the Document Owner <input type="checkbox"/> If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner/s	No. of Copies: _____	Registry No. _____
--	----------------------	--------------------

**MARRIAGE CERTIFICATE DETAILS**

HUSBAND'S NAME <small>(include JR., SR., II, etc., if applicable)</small>	
WIFE'S MAIDEN NAME <small>(name BEFORE marriage)</small>	
DATE OF MARRIAGE <small>(Month/Day/Year)</small>	
PLACE OF MARRIAGE <small>(City/Municipality and Province/Country, if married abroad)</small>	
PURPOSE OF REQUEST	

**INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE**

NAME	
CONTACT INFO ADDRESS	

**NOTICE / CONFORME**

The City Civil Registry Department (CCRD) of Quezon City is committed to efficiently attend to all civil registry concerns of its constituents and effectively provide them with excellent service. I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge and belief. I give my consent to the processing of the provided information, which shall remain confidential, and shall be retained by the CCRD in accordance with Republic Act No. 10173, also known as the "Data Privacy Act of 2012." I fully understand that the requested civil registry documents and other legal documents, if available in the CCRD, may only be released to me upon presentation of the required authorization letter or special power of attorney from the document owner/s, valid government issued IDs, and other necessary documents, subject to the pertinent provisions of RA 10173, its Implementing Rules and Regulations, PSA Memorandum Circular No. 2019-15 and 2019-15A, and other related laws.

Signature of the Requester/Authorized Representative \_\_\_\_\_ Date and Time \_\_\_\_\_

**FOR CCRD USE ONLY:**

Received by: \_\_\_\_\_ OR No. \_\_\_\_\_  
 Date/Time of Receipt: \_\_\_\_\_ Date/Time of Release: \_\_\_\_\_



<input type="checkbox"/> Valid government-issued ID of the Document Owner <input type="checkbox"/> If Authorized Representative, Valid government-issued ID of Representative, Valid government-issued ID and Signed Authorization Letter/Special Power of Attorney (SPA) of the Document Owner/s	No. of Copies: _____	Registry No. _____
--	----------------------	--------------------

**MARRIAGE CERTIFICATE DETAILS**

HUSBAND'S NAME <small>(include JR., SR., II, etc., if applicable)</small>	
WIFE'S MAIDEN NAME <small>(name BEFORE marriage)</small>	
DATE OF MARRIAGE <small>(Month/Day/Year)</small>	
PLACE OF MARRIAGE <small>(City/Municipality and Province/Country, if married abroad)</small>	
PURPOSE OF REQUEST	

**INFORMATION OF THE REQUESTER/AUTHORIZED REPRESENTATIVE**

NAME	
CONTACT INFO ADDRESS	

**NOTICE / CONFORME**

The City Civil Registry Department (CCRD) of Quezon City is committed to efficiently attend to all civil registry concerns of its constituents and effectively provide them with excellent service. I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge and belief. I give my consent to the processing of the provided information, which shall remain confidential, and shall be retained by the CCRD in accordance with Republic Act No. 10173, also known as the "Data Privacy Act of 2012." I fully understand that the requested civil registry documents and other legal documents, if available in the CCRD, may only be released to me upon presentation of the required authorization letter or special power of attorney from the document owner/s, valid government issued IDs, and other necessary documents, subject to the pertinent provisions of RA 10173, its Implementing Rules and Regulations, PSA Memorandum Circular No. 2019-15 and 2019-15A, and other related laws.

Signature of the Requester/Authorized Representative \_\_\_\_\_ Date and Time \_\_\_\_\_

**FOR CCRD USE ONLY:**

Received by: \_\_\_\_\_ OR No. \_\_\_\_\_  
 Date/Time of Receipt: \_\_\_\_\_ Date/Time of Release: \_\_\_\_\_