

FORM 4
Government of Anguilla
ANGUILLIAN STATUS COMMISSION



**Marriage
(5 years)**

Tel: cell work home.....
cell(friend).....e-mail.....

1. Name of Applicant (*in full*):
2. Address in Anguilla:
3. Address outside of Anguilla:
- 4 Place of birth:
5. Date of birth:
6. Occupation:
7. Nationality:
8. Name of spouse:.....
9. Date of spouse's birth.....
10. Place of spouse's birth.....
11. Date of marriage.....
12. Number of years of marriage.....
12. Place of marriage:.....
13. If spouse is deceased then please state the date of death.....

.....
Signature of Applicant

.....
Date

- Please attach a police record to this application.
- Please also attach the following supporting documents to this application: marriage certificate, your birth certificate and that of your spouse; and if relevant, spouse's death certificate.