

BIRTHS DEATHS AND MARRIAGES REGISTRATION (FORMS) REGULATIONS 2018

SL No. 2 of 2018	

Notified: 21st February 2018

Table of Contents

1	Citation	3
2	Commencement	3
3	Application to request for access to registration of birth	3
4	Application to request for access to registration of death	3
5	Application to request for access to registration of marriage	3
6	Notification of birth	3
7	Notification of birth on aircraft or vessel	3
8	Notice of Birth	4
9	Application for registration of birth	4
10	Birth Certificate	4
11	Notification of death by Director of Medical Services or health practitioners	4
12	Certificate notifying a registration of death by the Registrar to funeral officiators	4
13	Certificate notifying a registration of death by the Registrar to a person other than funeral officiator	4
14	Application for registration of death	4
15	Notice of Death	5
16	Death Certificate	5
17	Application to marry	5
18	Notice to Marry	5
19	Marriage Certificate	5
20	Dedication of marriage by marriage officer	_

21	Application for recognition of foreign marriage	.5
22	Application for Certificate of No Impediment to Marriage	.5
23	Certificate of No Impediment to Marriage	.5
24	Consideration of application	.6
SCH	IEDULE	.7

Cabinet makes the following Regulations under section 102(2)(a) of the *Births Deaths and Marriages Registration Act 2017*:

1 Citation

These Regulations may be cited as the *Births Deaths and Marriages Registration* (Forms) Regulations 2018.

2 Commencement

These Regulations are deemed to have commenced on 1st February 2018.

3 Application to request for access to registration of birth

For the purposes of section 10(d) of the Act, the prescribed form for an application to request access to registration of birth is set out in Form 1 of the Schedule.

4 Application to request for access to registration of death

For the purposes of section 10(d) of the Act, the prescribed form for an application to request access to registration of death is set out in Form 2 of the Schedule.

5 Application to request for access to registration of marriage

For the purposes of section 10(d) of the Act, the prescribed form for an application to request access to registration of marriage is set out in Form 3 of the Schedule.

6 Notification of birth

- (1) For the purposes of section 12 of the Act, the prescribed form for the notification of birth to the Registrar is set out in Form 4 of the Schedule.
- (2) The hospital and health practitioners shall complete the form under regulation (1) and submit to the Registrar of Births the notification within 7 days of the birth of the person.
- (3) The prescribed form or any other form used for the purposes of notification of births prior to the coming into effect of this Act is repealed from 1st February 2018 and shall not be used for any official purposes.

7 Notification of birth on aircraft or vessel

- (1) For the purposes of section 17 of the Act, the prescribed form for the notification of birth on an aircraft or vessel to the Registrar is set out in Form 5 of the Schedule.
- (2) The parents, guardian, the Captain of the aircraft or the Master of the vessel shall complete the form under subregulation (1) and submit to the Registrar of Births the notification within 28 days from the date of the birth of the person.

(3) The prescribed form or any other form used for the purposes of notification of births on an aircraft or vessel prior to the coming into effect of this Act is repealed from 1st February 2018 and shall not be used for any official purposes.

8 Notice of Birth

For the purposes of the Act and these Regulations, the Notice of Birth to be published in the Gazette by the Registrar is set out in Form 6 of the Schedule.

9 Application for registration of birth

For the purposes of section 13 of the Act, the prescribed form for the application for registration of birth is set out in Form 7 of the Schedule.

10 Birth Certificate

For the purposes of the Act and these regulations, the prescribed Birth Certificate is set out in Form 8 of the Schedule.

11 Notification of death by Director of Medical Services or health practitioners

- (1) For the purposes of sections 35 and 40 of the Act, the prescribed form for the notification of deaths to the Registrar is set out in Form 9 of the Schedule.
- (2) The Director of Medical Services or health practitioner who notifies the Registrar under sections 35 and 40 of the Act shall complete the form under subregulation (1) and submit to the Registrar within 7 days from the date of the death of the deceased.
- (3) The prescribed form or any other form used for the purposes of notification of deaths prior to the coming into effect of this Act is repealed from 1st February 2018 and shall not be used for any official purposes.

12 Certificate notifying a registration of death by the Registrar to funeral officiators

For the purposes of the Act and these Regulations, the prescribed Certificate notifying a registration of death by the Registrar to a funeral officiator is set out in Form 10 of the Schedule.

13 Certificate notifying a registration of death by the Registrar to a person other than funeral officiator

For the purposes of the Act and these Regulations, the prescribed Certificate notifying a registration of death by the Registrar to a person other than a funeral officiator is set out in Form 11 of the Schedule.

14 Application for registration of death

(1) For the purposes of section 39 of the Act, the prescribed form for an application to register a death is set out in Form 12 of the Schedule.

(2) The person who has the right to register a death under section 38 of the Act shall complete the form under regulation (1) and submit to the Registrar within 7 days from the disposal of the human remains.

15 Notice of Death

For the purposes of the Act and these regulations, the Notice of Death to be published in the Gazette by the Registrar is set out in Form 13 of the Schedule.

16 Death Certificate

For the purposes of the Act and these regulations, the prescribed Death Certificate is set out in Form 14 of the Schedule.

17 Application to marry

- (1) For the purposes of section 54 of the Act, the prescribed form for an application to marry is set out in Form 15 of the Schedule.
- (2) The prescribed form or any other form used for the purposes of application to marry prior to the coming into effect of this Act is repealed from 1st February 2018 and shall not be used for any official purposes.

18 Notice to Marry

For the purposes of sections 55 and 56 of the Act, the Notice to Marry to be published in the Gazette by the Registrar is set out in Form 16 of the Schedule.

19 Marriage Certificate

For the purposes of the Act and these regulations, the prescribed Marriage Certificate is set out in Form 17 of the Schedule.

20 Declaration of Marriage by marriage officer

For the purposes of the Act and these regulations, the prescribed Declaration of Marriage is set out in Form 18 of the Schedule.

21 Application for recognition of marriage solemnised in foreign country

For the purposes of section 69(1) of the Act, the prescribed form for an application to the Registrar for the recognition of a marriage of a Nauruan which was solemnised in a foreign country is set out in Form 19 of the Schedule.

22 Application for Certificate of No Impediment to Marriage

For the purposes of section 97 of the Act, the prescribed form for an application to the Registrar for a Certificate of No Impediment to Marriage is set out in Form 20 of the Schedule.

23 Certificate of No impediment to Marriage

For the purposes of section 97 of the Act, the prescribed Certificate of no Impediment to marriage is set out in Form 21 of the Schedule.

24 Consideration of application

For the purposes of the Act and these Regulations, the Registrar shall consider each application lodged and inform the applicant of the decision within 7 days of the date of the lodgement of the application.

SCHEDULE

FORM 1

Section 11(1); Regulation 3

REPUBLIC OF NAURU

APPLICATION TO REQUEST FOR ACCESS TO REGISTRATION OF BIRTH

Application reference number: / 20

PART 1 – INFORMATION OF THE PERSON REQUESTING ACCESS
Surname: Given names:
Address: Telephone contact:
Email:
PART 2 – TYPE OF INFORMATION REQUESTED
Birth Information of person over 75 years
A stillbirth
PART 3 – GROUNDS FOR REQUEST [section 11(1)]
Applicant in person Guardian or immediate family
Section 11(4)
Brief explanation for the information sought to be accessed:
PART 4 – PERSON AND / OR NATURE OF INFORMATION SOUGHT
Surname: Given names:
Date of birth or age: Address: Address:
Name of parents (if known):
Residing district:
PART 5 – DECLARATION BY PERSON REQUESTING ACCESS
I (name of the person requesting access) confirm that I have been informed that the
information sought in this application is protected and privileged. I verify and undertake that the information
sought is for the purposes as is stated above and for no other purposes. I will not provide the information
supplied or accesssed to any other person or persons for any ulterior or unlawful purposes.
Signature of applicant: Date: / /20
Signature of applicant:
Identification of the applicant - drivers licence / passport / other
PART 6 – OFFICIAL PURPOSES ONLY
Access to records given to the applicant atDistrict on / / 20
Certified copy of the certificate or information supplied on / / 20
This information was provided to
Identification sighted – drivers licence / passport / others
Fee paid. Revenue receipt number:
Name of the officer: Signature:
Date: / / 20

APPLICATION TO REQUEST FOR ACCESS TO REGISTRATION OF DEATH

Application reference number: / 20

PART 1 – INFORMATION OF THE PERSON REQUESTING ACCESS		
Surname:		
Address:		
Email:		
PART 2 – TYPE OF INFORMATION REQUESTED		
Death		
Douth Douth		
DART 2 CROUNING FOR REQUEST (and an 11/2)]		
PART 3 – GROUNDS FOR REQUEST [section 11(2)]		
Authorised persons (section 38) hediate family		
Death of a person over 20 years or over 75 years of age on 11(4)		
Brief explanation for the information sought to be accessed:		
PART 4 – NATURE OF INFORMATION OF THE DECEASED		
Surname: Given names:		
Date of birth or age:		
Name of parents (if known):		
PART 5 – DECLARATION BY PERSON REQUESTING ACCESS		
PART 5 - DECLARATION BY PERSON REQUESTING ACCESS		
I(name of the person) confirm that I have been informed that the		
information sought in this application is protected and privileged. I verify and undertake that the		
information sought is for the purposes as is stated above and for no other purposes. I will not provide		
the information supplied or accesssed to any other person or persons for any ulterior or unlawful		
purposes.		
pulposes.		
Signature of applicant:		
Identification of the applicant - drivers licence / passport / other		
PART 6 – OFFICIAL PURPOSES ONLY		
• Access to records given to the applicant at		
20		
• Certified copy of the certificate or information supplied on / / 20		
• This information was provided to (name of recipient) by		
(name of the officer).		
 Identification sighted – drivers licence / passport / others 		
• Fee paid. Revenue receipt number:		
r · r · · · · · · · · · · · · · · · · ·		
Name of the officers		
Name of the officer: Signature: Signature:		
Date: / / 20		

APPLICATION TO REQUEST FOR ACCESS TO REGISTRATION OF MARRIAGE

Application reference number: / 20

PART 1 – INFORMATION OF THE PERSON REQUESTING ACCESS		
Surname: Given names:		
Address: Telephone contact:		
Email:		
PART 2 – TYPE OF INFORMATION REQUESTED		
TAKT 2 TITE OF INTOKMATION REQUESTED		
Marriage		
PART 3 – GROUNDS FOR REQUEST [section 11(3)]		
Annii anti annon Indiata Canii		
Applicant in person mediate family age over 75 years		
Section 11 (4)		
Brief explanation for the information sought to be accessed:		
PART 4 – NATURE OF INFORMATION OF THE MARRIAGE		
Husband: Surname		
Date of marriage: / /20		
Place of marriage:		
PART 5 – DECLARATION BY PERSON REQUESTING ACCESS		
I(name of the person) confirm that I have been informed that the information sought in this		
application is protected and privileged. I verify and undertake that the information sought is for the purposes as is stated		
above and for no other purposes. I will not provide the information supplied or accesssed to any other person or persons for any ulterior or unlawful purposes.		
any unterior of ulliawith purposes.		
Signature of applicant:		
Identification of the applicant - drivers licence / passport / other		
PART 6 – OFFICIAL PURPOSES ONLY		
• Access to records given to the applicant at District on / /20		
Certified copy of the certificate or information supplied on / / 20		
• This information was provided to (name of recipient) by		
(name of the officer).		
Identification sighted – drivers licence / passport / others		
Fee paid. Revenue receipt number:		
Name of the officer: Signature:		
Signature.		
Date: / /20		

NOTIFICATION OF BIRTH

Notification number: NB / 20

PART 1 - DETAILS OF MOTHER OF CHILD		
Surname: Given names:		
Mother's maiden name (if available):		
Date of birth: / / Tribe:		
Nationality: Registered District:		
PART 2 - DETAILS OF FATHER OF CHILD (if provided to the hospital voluntarily by the		
mother)		
Surname: Given names:		
Date of birth: / / Tribe:		
Nationality: Registered District:		
PART 3 - DETAILS OF CHILD / CHILDREN (if multiple births)		
Date of birth: / / 20 Place of birth:		
Time of birth: (am/pm) Gender of child:		
Birth weight of child:		
PART 4 - CERTIFICATION BY REGISTERED HEALTH PRACTITIONER / NURSE /		
MIDWIFE		
I		
Date: / / 20		
Signature: Designation of the officer:		
PART 5 – OFFICIAL PURPOSES ONLY		
• Information given on the / / 20		
 Identification of informant sighted – drivers licence / passport / others 		
Name of the officer: Signature:		
Date: / / 20		

NOTIFICATION OF BIRTH ON AIRCRAFT OR VESSEL

Notification number: NB / 20

PART 1 - DETAILS OF MOTHER OF CHILD
Surname: Given names:
Mother's maiden name (if available):
Date of birth: Tribe:
Nationality: Registered District:
PART 2 - DETAILS OF FATHER (if provided to the Captain or Master voluntarily by the mother)
Surname: Given names:
Date of birth: Tribe:
Nationality: Registered District:
PART 3 - DETAILS OF CHILD / CHILDREN (if twins or more)
Date of birth: / / Place of birth: aircraft / vessel
Flight / Voyage number:
Time of birth: (am/pm) Gender of child:
PART 4 - DETAILS OF INFORMANT
I (name of Captain of aircraft / Master of vessel) to the best of
my knowledge, information and belief certify that the information provided in this form are true to
the best of my knowledge, information and belief.
Date: / / 20
Signature:
Designation of the officer (if Captain of the aircraft / Master of vessel):
PART 5 – OFFICIAL PURPOSES ONLY
• Information given on the / / 20
 Identification of informant sighted – drivers licence / passport / others
Name of the officer: Signature:
D-4 / /20
Date: / / 20

NOTICE OF BIRTH – GAZETTE

Gazette Notice No: / 20

TAKE NOTICE that the Registrar for Births, Deaths and Marriages has received the following notification of birth:		
(a) Surname of child:		
(b) Given names of child:		
(c) Date of birth of child: / / 20		
(d) Tribe:		
(e) Nationality:		
(f) Place of birth of child:		
(g) Name of child's mother:		
(h) Registered district of mother:		
(i) Name of child's father:		
(j) Registered district of father:		
Registrar of Births, Deaths and Marriages		

Section 13; Regulation 9

REPUBLIC OF NAURU

APPLICATION FOR REGISTRATION OF BIRTH

Application Reference number: / 20

PERSONS WHO MAY REGISTER BIRTH
(a) One or both parents; or
(b) Where parents not available – a guardian.
(c) Births must be registered within 21 days of birth.
PART 1 - DETAILS OF CHILD
Surname:
Date of birth: / /20 Gender:
PART 2 - PARTICULARS OF MOTHER OF THE CHILD
Surname: Given names:
Date of birth / age:
Maiden name (if applicable): Tribe:
Registered district:
Occupation:
Telephone contact: Email:
PART 3 - PARTICULARS OF FATHER OF THE CHILD (if married or voluntarily provided by the mother with the consent of the
father)
Surname: Given names:
Date of birth / age:
Tribe: Registered district:
Nationality: Occupation:
Telephone contact: Email:
PART 4 - DETAILS OF MARRIAGE OF PARENTS OF THE CHILD (if married)
Date of marriage: / / Place of marriage:
Note: You must submit a copy of the marriage certificate.
DADT 5 DETAILS OF INFORMANT
PART 5 - DETAILS OF INFORMANT
Surname:Given names:
Address: Phone contact:
Occupation: Relationship to child:
I
information provided in this form are true to the best of my knowledge, information and belief.
Signature of informant
PART 6 - OFFICIAL PURPOSES ONLY
TAILT 6- OF FIGURE FOR TOLLO CIVET
This office will not accept lodgement of this form if it is not completed in full.
Application received on: / / 20
Identification sighted – drivers licence / passport / others
Fee paid. Revenue receipt number:
Birth certificate issued on: / / 20 Taken by:
Takon by:
Date: / / 20
Registrar of Births, Deaths and Marriages

FORM 8

Regulation 10



REPUBLIC OF NAURU

BIRTH CERTIFICATE

Folio Number: / 20

DETAILS OF THE CHILD (to be completed	l by the parents)
Surname:	. Given names:
Date of birth: / /20	Gender:
Place of birth:	Tribe:
Nationality:	
·	
DETAILS OF THE MOTHER OF THE CHI	ILD
	Given names:
Maiden name:	
Age:	
Occupation:	
DETAILS OF THE FATHER OF THE CHI	D
DETAILS OF THE TATTIER OF THE CHI	
Surname:	. Given names:
Age:	
Occupation:	
REGISTRAR	
	valating to the respictmentian of Dirth are contained in the
• •	relating to the registration of Birth are contained in the
Register kept in the Registry in the Republic	oi nauru.
Given under my hand and seal this da	ay of
Given under my hand and sear this da	ay 01 20 .
Registrar of Ri	irths, Deaths and Marriages
Registrar of Br	nuis, Deaths and Marriages

Sections 35; Regulation 11(1)

REPUBLIC OF NAURU

NOTIFICATION OF DEATH BY DIRECTOR OF MEDICAL SERVICES OR HEALTH PRACTITIONER

Notification number: ND / 20

PART 1 - DETAILS OF DECEASED		
Surname: Given names:		
Date of birth / age: Gender:		
Address: Nationality:	Tribe:	
Date of death: / / 20 Cause of death:		
Place of death: / / 25 Cadse of death:		
Time of death	an pin	
DADE O DETAILO DVILLEAL TIL DDA CTITIONED		
PART 2 - DETAILS BY HEALTH PRACTITIONER		
Disease or condition directly leading to death	Approximate interval between onset	
	and death	
a		
<u> </u>		
due to (or as a consequence of)		
due to (or as a consequence or)		
Antonodent course Montrid conditions if you will be the characteristic		
Antecedent causes Morbid conditions, if any, giving rise to the above		
cause, stating the underlying condition last		
b		
C		
V		
due to (or se a consequence of)		
due to (or as a consequence of)		
/IIX		
(II)		
Other significant conditions		
contributing to the death but		
not related to the disease or		
condition causing it		
This does not mean the mode of dying e.g heart failure,		
respiratory failure. It means the disease, injury or		
complication that caused death.		
PART 3 - CERTIFICATION BY HEALTH PRACTITIONER		
I	nest of my knowledge information and	
belief certify that the information provided in this form are consistent w	ith the information contained in the	
health records.		
nearm records.		
5 / / / 22		
Date: / / 20		
Signature:		
Designation of the officer:		



Folio Number: / 20

CERTIFICATE NOTIFYING REGISTRATION OF DEATH BY THE REGISTRAR TO THE FUNERAL OFFICIATORS

PART 1
To be completed by the Registrar prior to the burial or cremation of a deceased person.
I,
Name of deceased: Gender: Date of birth / Age: Place of deceased:
Given under my hand this day of
PART 2
 To be completed by the person officiating the burial or cremation. To be witnessed by 2 witnesses. This form must be submitted to the Registrar within 7 days of the burial or cremation. I,
Name of deceased: Gender: Date of birth / Age: Place of deceased:
Declared on thisday of
Name of witness: Address of witness: Address of witness: Address of witness:
PART 3 - OFFICIAL PURPOSES
Date form issued by the Registrar: / /20 Form received by: / /20 Burial / cremation conducted on: / /20 Date form submitted to Registrar: / /20 Receiving officer:



Folio Number: / 20

CERTIFICATE NOTIFYING REGISTRATION OF DEATH BY THE REGISTRAR TO A PERSON OTHER THAN A FUNERAL OFFICIATOR

PART 1
To be completed by the Registrar prior to the burial or cremation of a deceased person.
I,
Name of deceased: Gender: Date of birth / Age: Place of deceased:
Given under my hand this day of
PART 2
 To be completed by the person officiating the burial or cremation. To be witnessed by 2 witnesses. This form must be submitted to the Registrar within 7 days of the burial or cremation.
I, declare that I conducted the burial / cremation of the undermentioned deceased:
Name of deceased: Gender: Date of birth / Age:
Declared on thisday of
Name of witness: Address of witness: Address of witness: Address of witness:
PART 3 - OFFICIAL PURPOSES
Date form issued by the Registrar: / /20 Form received by: / /20 Burial / cremation conducted on: / /20 Date form submitted to Registrar: / /20 Receiving officer:

APPLICATION FOR REGISTRATION OF DEATH

Application Reference number: RD / 20

PERSONS WHO MAY REGISTER DEATHS
(a) spouse of the deceased;
(b) adult child of the deceased;
(c) parents of the deceased;
(d) adult sibling of deceased;
(e) where deceased is a minor or still born child, parents or guardians; or
(f) any person who knew or as living with deceased where there are no persons described in subparagraphs (a) to (e)
PART 1 - DETAILS OF DECEASED
Surname: Given names:
Age:
Nationality:
Place of death:
PART 2 - DETAILS OF APPROVED PERSON OFFICIATING THE FUNERAL SERVICE
Name of person officiating funeral service:
Address:
Denomination (if religious minister):
Telephone contact: Email:
PART 3 - DETAILS OF PERSON REGISTERING THE DEATH
Surname: Given names:
Address:Phone contact:
Email:Occupation:
Relationship to deceased:
I
information and belief certify that the information provided in this form are true to the best of my knowledge,
information and belief.
Signature of informant
PART 4 - OFFICIAL PURPOSES ONLY
This office will not accept lodgement of this form if it is not completed in full.
• Application received on: / / 20
Application received by officer:
**
• Fee paid. Revenue receipt number:
• Death certificate issued on: //20
Death certificate given to:
Identification sighted – drivers licence / passport / others
Registrar of Births, Deaths and Marriages
Registrat of Dituis, Deaths and Walflages

Regulation 15

REPUBLIC OF NAURU NOTICE OF DEATH – GAZETTE

Gazette Notice No: / 20

TAKE NOTICE that the Registrar for Births, Deaths and Marriages has received the following death notification:		
(a) Surname of deceased: (b) Given names of deceased: (c) Age: (d) Tribe: (e) Nationality: (f) Registered district:		



Regulation 16

Registration Number: / 20

DEATH CERTIFICATE

Surname: Given names:
Age: Gender: Gender:
Address:
Date of death: / / 20 Place of death:
To whom married (if applicable):
Occupation:
PART 2 - NUMBER OF ISSUES OF DECEASED
Males:
Female:
PART 3 - DETAILS OF MOTHER OF DECEASED
Surname: Given names:
Maiden name (if applicable):
PART 4 - DETAILS OF FATHER OF DECEASED
Surname: Given names:
PART 5 - REGISTRAR
I hereby certify that the above particulars relating to the registration of Death are contained in the
Register kept in the Office in the Republic of Nauru.
Given under my hand and seal this day of
Registrar of Births, Deaths and Marriages

Section 54; Regulation 17(1)

REPUBLIC OF NAURU APPLICATION TO MARRY

Application Reference number: MA / 20

The application must be accompanied by:

Birth certificate of persons intending to marry;

 Identification to the satisfaction of the Registrar;
If divorced, an order of dissolution of marriage from the court;
 Visa status if foreigner; In case of widow or widower, death certificate of the deceased spouse.
PART 1 - DETAILS OF INTENDED BRIDE
Surname: Given names:
Date of birth: / / Place of residence: Tribe:
District:
DADT O DETAIL COE INTENDED ODGOM
PART 2 - DETAILS OF INTENDED GROOM Surname:
Date of birth: / / Place of residence:
District:
Marital status:
PART 3 - WEDDING DETAILS
Date of engagement to marry: / / 20
Date of intended marriage: / / 20
Proposed place of solemnisation of marriage
Name of marriage officer to solemnise marriage:
Names and addresses of 2 witnesses for the marriage:
We, the applicants do hereby notify our intention to marry and further declare that the information contained in this form is true to the
best of our knowledge, information and belief
Signature of Intended Bride
Date: / / 20 Signature of Intended Groom
orginature of interface crossin
PART 4
ENDORSEMENT BY
THE RESPONSIBLE MINISTER UNDER SECTION 54(3) OF THE ACT
Pursuant to the powers vested in me and in consultation with the Cabinet I hereby endorse / decline the Application to Marry.
Minister
Seal of the Minister:

I	PART 5 I
PART 6 - DETAILS OF 2 WITNESSES Surname: Given names: Gi	
Surname: Given names: Given nam	Signature:
Address:	PART 6 - DETAILS OF 2 WITNESSES
Address:	
Pursuant to the powers conferred upon me by the Births Deaths and Marriages Registration Act 2017 I now pronounce you to be husband and wife. Name of marriage officer: Signature of marriage solemnised: Date: / /20 PART 8 - DECLARATION OF SOLEMNISATION OF MARRIAGE BY MARRIAGE OFFICER I	
pronounce you to be husband and wife. Name of marriage officer: Signature of marriage officer: Place where marriage solemnised: Date: / /20 PART 8 - DECLARATION OF SOLEMNISATION OF MARRIAGE BY MARRIAGE OFFICER I	PART 7 - DECLARATION BY MARRIAGE OFFICER
Signature of marriage officer: Place where marriage solemnised: Date: / /20 PART 8 - DECLARATION OF SOLEMNISATION OF MARRIAGE BY MARRIAGE OFFICER I	
I	Signature of marriage officer: Place where marriage solemnised:
of	PART 8 - DECLARATION OF SOLEMNISATION OF MARRIAGE BY MARRIAGE OFFICER
Signature of marriage officer PART 9 - OFFICIAL PURPOSES ONLY This office will not accept lodgement of this form if it is not completed in full. Date of application: / /20 Date application submitted to Minister: / /20 Date of decision of the Minister: / /20 Date of the gazetting of the application to marry: / /20 Date of receipt of any objections to marriage: / /20 Date of the solemnisation of the marriage: / /20 Identification sighted – drivers licence / passport / others Fee paid. Revenue receipt number	of
 This office will not accept lodgement of this form if it is not completed in full. Date of application: / /20 Date application submitted to Minister: / /20 Date of decision of the Minister: / /20 Date of the gazetting of the application to marry: / /20 Date of receipt of any objections to marriage: / /20 Date of the solemnisation of the marriage: / /20 Identification sighted – drivers licence / passport / others Fee paid. Revenue receipt number	
 Date of application: / / 20 Date application submitted to Minister: / / 20 Date of decision of the Minister: / / 20 Date of the gazetting of the application to marry: / / 20 Date of receipt of any objections to marriage: / / 20 Date of the solemnisation of the marriage: / / 20 Identification sighted – drivers licence / passport / others Fee paid. Revenue receipt number	PART 9 - OFFICIAL PURPOSES ONLY
	 Date of application: / / 20 Date application submitted to Minister: / / 20 Date of decision of the Minister: / / 20 Date of the gazetting of the application to marry: / / 20 Date of receipt of any objections to marriage: / / 20 Date of the solemnisation of the marriage: / / 20 Identification sighted – drivers licence / passport / others Fee paid. Revenue receipt number
Tograma of Entire, Estation and mannages	Date: / / 20 Registrar of Births, Deaths and Marriages

Sections 55 & 56; Regulation 18

REPUBLIC OF NAURU NOTICE TO MARRY – GAZETTE

Gazette Notice No: / 20

TAKE NOTICE that the Registrar for Births, Deaths and Marriages has received the following application for marriage:
 (a) Intended bride:
A person may lodge an objection to the marriage with the Registrar within 5 days of the publication of this Notice. The Notice shall contain:- name, address, telephone contact and email of the person objecting and the grounds for such objection.



Regulation 19

REPUBLIC OF NAURU MARRIAGE CERTIFICATE

Registration Number: MC / 20

DETAILS OF HUSBAND	DETAILS OF WIFE	
Surname:	Surname:	
Given names:	Given names:	
Tribe:	Tribe:	
District:	District:	
Nationality:	Nationality:	
Occupation:	Occupation:	
DETAILS OF PARENTS – Husband	DETAILS OF PARENTS - Wife	
Father's name:	Father's name:	
Occupation:	Occupation:	
Mother's name:	Mother's name:	
Occupation:	Occupation:	
DETAILS OF WITNESS 1	DETAILS OF WITNESS 2	
Surname:	Surname:	
Given names:	Given names:	
DETAILS OF MARRIAGE OFFICER		
Name of marriage officer:		
Date on which marriage was solemnised: / / 2	0	
Place where marriage solemnised:		
REGISTRAR		
I hereby certify that the above particulars relating to the registration of Marriage are contained in the		
Register kept in the Office in the Republic of Nauru.		
Given under my hand and seal this day of		
, , , , , , , , , , , , , , , , , , ,		
Registrar of Births, Deaths and Marriages		
	_	



REPUBLIC OF NAURU

Regulation 20

DECLARATION OF MARRIAGE

Registration Number: MD / 20

This form must be submitted by the marr	iage officer to the Registrar within 7 days of the marriage.	
DETAILS OF HUSBAND	DETAILS OF WIFE	
Surname:	Surname:	
Given names:	Given names:	
Tribe:	Tribe:	
District:	District:	
Nationality:	Nationality:	
Occupation:	Occupation:	
Occupation:	- Coodpation:	
DETAILS OF PARENTS - Husband	DETAILS OF PARENTS – Wife	
Father's name:	Father's name:	
Occupation:	Occupation:	
Mother's name:	Mother's name:	
Occupation:	Occupation:	
I in the	I in the presence of the	
presence of the witnesses hereto do take you	witnesses hereto do take you(name	
(name of the bride) to	of the groom) to be my lawfully wedded husband.	
be my lawfully wedded wife.		
Signature:	Signature:	
DĔTAILS OF WITNESS 1	DETAILS OF WITNESS 2	
Surname:	Surname:	
Given names:	Given names:	
DECLARATION BY MARRIAGE OFFICER		
Pursuant to the powers conferred upon me by t	the Births Deaths and Marriages Registration Act 2017 I now	
pronounce you to be husband and wife.		
promounies you to be naceana and time.		
Name of marriage officer:		
Signature of marriage officer:		
Place where marriage solemnised:		
Date: / /20		
OFFICIAL PURPOSES ONLY		
OTTIONAL FOR OCCOUNT		
This office will not accept lodgement of the control of the c	nis form if it is not completed in full	
This direct will not accept loagement of this form in the forest completed in fam.		
Declaration received by officer: Declaration received on: / / 20		
Fee paid. Revenue receipt number:		
	Dete: / / 20	
Desistant of Diather Deather and Maniero	Date: / / 20	
Registrar of Births, Deaths and Marriages		

APPLICATION FOR THE RECOGNITION OF MARRIAGE SOLEMNISED IN FOREIGN COUNTRY

Application Reference number: / 20

WHO MAY APPLY		
 A Nauruan may apply. Marriage certificate of persons intending to apply for recognition of marriage solemnised in foreign country. 		
Identification to the satisfaction of the Registrar. PETALLS OF HUSBAND	DETAIL COE WIFE	
<u>DETAILS OF HUSBAND</u>	DETAILS OF WIFE	
Surname:	Surname:	
Date of birth: / /	Date of birth: / /	
Tribe:	Tribe:	
District:	District:	
Nationality:	Nationality:	
Occupation:	Occupation:	
PARTICULARS OF MARRIAGE	Occupation.	
Date on which marriage was solemnised: / / Place of solemnisation of marriage:		
Country of solemnisation of marriage:		
Name and address of marriage officer who solemnise		
_	-	
Name and address of witnesses to the marriage:		
DECLARATION BY APPLICANTS We, and (the applicants) of (address) certify that the information provided, is to the best of our knowledge and belief, true and correct for registration		
purposes.	Date: / / 20	
Signature of husband	Bute. 7 7 20	
Signature of husband		
Signature of wife	Date: / / 20	
OFFICIAL PURPOSES ONLY		
 This office will not accept lodgement of this 	form if it is not completed in full.	
Declaration received by officer:		
• Declaration received on: / / 20		
 Identification sighted – drivers licence / passport / others 		
Fee paid. Revenue receipt number:		
•		
Date: / / 20		
Registrar of Births, Dea	aths and Marriages	

APPLICATION FOR CERTIFICATE OF NO IMPEDIMENT TO MARRIAGE

Application Reference number: / 20

APPLICANT TO COMPLETE
DETAILS OF ADDITIONAL
DETAILS OF APPLICANT Surname: Given names:
Date of birth: / / Country of citizenship:
Occupation:
Father's name: Mother's name:
Name of country of intended marriage:
Date of intended marriage in foreign country: / / 20
DECLARATION BY APPLICANT
I do solemnly and sincerely declare that the above information is correct and that I believe that there is no legal impediment to the marriage by reason of:
a. my being lawfully married to some other person;
b. my being within a prohibited relationship;
c. a lack of real consent to the marriage on my part because:
i. it was obtained by duress or fraud;
ii. of mistaken identity of the other party or as to the nature of the ceremony
performed;
· ·
iii. of mental incapacity understanding the nature and effect of the marriage ceremony; or
d. my not being of marriageable age.
Signature
OFFICIAL PURPOSES ONLY
• This office will not accept lodgement of this form if it is not completed in full.
Application received by officer:
• Identification sighted – drivers licence / passport / others
Fee paid. Revenue receipt number:
Certificate of no impediment issued on: / / 20
Taken by:
Date: / / 20
Registrar of Births, Deaths and Marriages



Regulation 23

REPUBLIC OF NAURU CERTIFICATE OF NO IMPEDIMENT TO MARRIAGE

Folio No: /20

I certify that
According to the Births, Deaths and Marriages record of the Republic of Nauru,
Given under my hand and seal this day of 20 .
Registrar of Births, Deaths and Marriages