

MARRIAGE EXEMPTION APPLICATION FORM

MINISTRY OF LABOUR AND SOCIAL SECURITY

(The Foreign Nationals and Commonwealth Citizens (Employment) Exemptions Regulations, 1964)

Type of Application : ☐ NEW ☐ RENEWAL

WARNING TO ALL APPLICANTS:

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to a fine and imprisonment.

SECTION A

EXPATRIATE'S INFORMATION (PLEASE COMPLETE FORM IN BLOCK CAPITALS)

1. FIRSTNAME	LASTNAME	MIDDLE INITIAL	MAIDEN NAME
2. COUNTRY OF BIRTH & NATIONALITY		3. PASSPORT NUMBER	4. PASSPORT ISSUE DATE YYYY/MM/DD
		5. PASSPORT EXPIRY DATE YYYY/MM/DD	
6. DATE OF BIRTH YYYY/MM/DD	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. TRN (if available)	9. OCCUPATION
10. PREVIOUSLY MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO	11. WERE YOU? <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	12. EMPLOYMENT STATUS <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED	

SECTION B

JAMAICAN'S INFORMATION

13. FIRSTNAME	LASTNAME	MIDDLE INITIAL	MAIDEN NAME
14. COUNTRY OF BIRTH		15. TYPE OF IDENTIFICATION: <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> NATIONAL ID ID # _____	
16. DATE OF BIRTH YYYY/MM/DD	17. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
18. PREVIOUSLY MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO	19. WERE YOU? <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	20. TRN	21. OCCUPATION
22. <input type="checkbox"/> JAMAICAN BIRTH CERTIFICATE # _____ OR <input type="checkbox"/> NATURALIZATION CERTIFICATE # _____		23. EMPLOYMENT STATUS <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED	
		24. NAME & ADDRESS OF EMPLOYER (IF YOU ARE EMPLOYED)	
25. CONTACT DETAILS: Tele : () _____ - _____ Email address: _____			

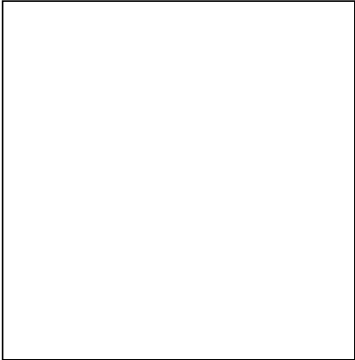
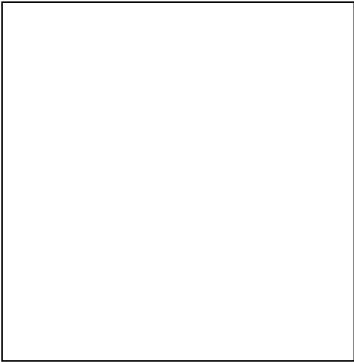
SECTION C

MARRIAGE DETAILS (AS IT APPEAR ON MARRIAGE CERTIFICATE)

26. MARRIAGE CERTIFICATE #		27. NAME OF MARRIAGE OFFICER	
28. GROOM'S NAME	29. BRIDE'S NAME	30. PLACE OF MARRIAGE	31. DATE OF MARRIAGE YYYY/MM/DD
32. ADDRESS OF THE COUPLE : _____ PARISH : _____			

SECTION D

PHOTOGRAPHS & SIGNATURES

HUSBAND		WIFE
	<p>Certified By:</p> <p>_____</p> <p>_____</p> <p>Name of Justice of the Peace (J.P.)</p>	
_____		_____

MARRIAGE EXEMPTION APPLICATION FORM

FOR OFFICIAL USE ONLY

Process Checklist:

- ☐ *Birth certificate or certification of Jamaican spouse
- ☐ *Marriage Certificate
- ☐ *Passports of Non-Jamaican
- ☐ *Identification of Jamaican Spouse (type) _____
- ☐ *Affidavit _____ & _____
Full name of J.P. Place & Date
- ☐ *Certified passport size photographs (Two (2) of the Non-Jamaican and one (1) of the Jamaican)
- ☐ Certified copy of Decree Absolute (where applicable)
- ☐ Certified copy of death certificate (where applicable)
- ☐ *Processing Fee _____
Voucher # Date Paid Certifying Officer

PROCESSOR'S COMMENT:

Marriage Exemption Certificate No. _____.

PROCESSING OFFICER

DATE (YYYY/MM/DD)
