

APPLICATION FOR MARRIAGE TO A NON-U.S. CITIZEN /REQUEST FOR MARRIAGE VALIDATION

PRIVACY ACT STATEMENT

FOR OFFICIAL USE ONLY – PRIVACY ACT PROTECTED:

Data contained in this form are subject to the Privacy Act of 1974. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this form under cover of DD FORM 2923 directly to the intended recipient – do not drop off with a third party. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

AUTHORITY: COMNAVMARIANASINST 1700.1 JRM DCN:
 (APPLICANT: LEAVE BLANK)

ROUTINE USES: To facilitate completion of requirements associated with marriage of active duty personnel to foreign nationals. Providing this data is voluntary, however, failure to provide the requested information will result in denial of application.

DISCLOSURES: When data-filled, this form will contain Personal Identifiable Information (PII) and must be protected as per SECNAVINST 5239.3B/DOD CIO Memo of 18 AUG 06. When processing is completed, original documents are returned to the applicant under cover of DD Form 2923; a copy is maintained in the JRM Region Admin electronic master files as per SECNAVINST 5216.8D

I. APPLICANT'S GENERAL INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME:
RATE/GRADE:	BRANCH OF SERVICE:	SOCIAL SECURITY NUMBER:
ASSIGNED COMMAND NAME:	FULL COMMAND ADDRESS:	TELEPHONE NUMBER:
EMAIL ADDRESS:	EXPIRATION OF ACTIVE OBLIGATED SERVICE:	PROJECTED ROTATION DATE:
DATE OF BIRTH (DAY/MONTH/YEAR):	PLACE OF BIRTH (TOWN/CITY, STATE/TERRITORY, COUNTRY)	CITIZENSHIP AT BIRTH:
PRESENT CITIZENSHIP:	DATE AND PLACE OF NATURALIZATION	CERTIFICATE NUMBER:
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
NUMBER OF PREVIOUS MARRIAGES	DATES TERMINATED	
PRESENT RESIDENCE:	TELEPHONE NUMBER:	EMAIL ADDRESS:
PERMANENT ADDRESS:		

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FAMILY MEMBERS		
NAME:	AGE:	RELATIONSHIP:
COUNTRY IN WHICH REQUESTING MARRIAGE:		
ATTACHED SUPPLEMENTAL DATA IN SUPPORT OF APPLICATION (CHECK AS APPLICABLE):		
<input type="checkbox"/> COMNAVMIANAS 1700/1 – AFFIDAVIT IN SUPPORT WITH THE UNITED STATES ARMED FORCES	<input type="checkbox"/> CERTIFICATE OF COMPLETED MARRIAGE/BACKGROUND INVESTIGATION OF PROSPECTIVE ALIEN SPOUSE	
<input type="checkbox"/> APPLICANT'S CERTIFICATE OF MEDICAL EXAMINATION	<input type="checkbox"/> BIRTH / BAPTISMAL CERTIFICATES FOR PROSPECTIVE ALIEN SPOUSE	
<input type="checkbox"/> EVIDENCE OF TERMINATION OF ALL PREVIOUS MARRIAGES (PROSPECTIVE ALIEN SPOUSE)	<input type="checkbox"/> EVIDENCE OF TERMINATION OF ALL PREVIOUS MARRIAGES (APPLICANT)	
<input type="checkbox"/> ADDITIONAL DOCUMENTATION (SPECIFY BELOW):		
APPLICANT'S CERTIFICATION		
<p>I certify that I have been adequately counseled by a Legal Officer and that I understand the provisions and restrictions of the Immigration and Naturalization Act of 1952, as amended, concerning entry into the United States. I investigated the conditions that must be satisfied for my prospective alien spouse and children, if applicable, to gain entry into the United States for permanent residence. I understand final determination as to the eligibility for entry of my prospective alien spouse into the United States is not determined until application for Visa is made, and further, the U.S. Navy does not make this determination. I understand that, should authority to marry be granted, the U.S. Navy is in no way obligated to transport my spouse and family members to the U.S., except as provided for in current directives.</p>		
APPLICANT'S PRINTED NAME	SIGNATURE	DATE
LEGAL OFFICER'S PRINTED NAME & COMMAND	SIGNATURE	DATE

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II. PROSPECTIVE ALIEN SPOUSE’S PERSONAL HISTORY STATEMENT:

SURNAME:			FIRST NAME:			MIDDLE NAME:		
DATE OF BIRTH (DAY/MONTH/YEAR):			PLACE OF BIRTH (TOWN/CITY, STATE/TERRITORY, COUNTRY)			CITIZENSHIP AT BIRTH:		
PRESENT CITIZENSHIP:			DATE AND PLACE OF NATURALIZATION			CERTIFICATE NUMBER:		
ALIAS, NICKNAME, AND/OR MAIDEN NAME:								
PRESENT ADDRESS:					PERMANENT ADDRESS:			
MARITAL STATUS:								
<input type="checkbox"/> SINGLE			<input type="checkbox"/> DIVORCED			<input type="checkbox"/> WIDOWED		
NUMBER OF PREVIOUS MARRIAGES			DATES TERMINATED					
FAMILY MEMBERS:								
NAME:			AGE:			RELATIONSHIP:		
OVERSEAS TRAVEL:								
DATE:			COUNTRY:			PURPOSE (TRAVEL, BUSINESS, ETC):		

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EMPLOYERS OVER THE LAST 10 YEARS:		
DATE:	EMPLOYER :	ADDRESS:

EDUCATION:		
DATE:	LOCATION:	SCHOOL:

PROSPECTIVE ALIEN SPOUSE’S CERTIFICATION		
I declare that the information supplied in this form is true and correct to the best of my knowledge and belief.		
PRINTED NAME	SIGNATURE	DATE

III. APPLICANT AND PROSPECTIVE ALIEN SPOUSE’S ACKNOWLEDGEMENT		
<u>Statement Acknowledging Possible Ineligibility for Non-Quota Immigration Status</u>		
<p>As set forth in MILPERSMAN 5352-030 / Marine Corps Order 1752.1C, we acknowledge by our signatures below that we are aware my prospective alien spouse may not be eligible for an immediate relative immigration visa to the United States in accordance with the Immigration and Naturalization Act of 1952 (Public Law 414, 82nd Congress) as amended. Even in those cases in which a Visa is granted, there is no guarantee that an alien spouse will be admitted into the United States at the port of entry; final jurisdiction regarding entry of aliens is within the cognizance of the U.S. Commissioner of Immigration and Naturalization.</p> <p>Fully acknowledging this fact, we nevertheless hereby declare that we desire our contemplated marriage be authorized.</p>		
APPLICANT’S PRINTED NAME	SIGNATURE	DATE
PROSPECTIVE SPOUSE’S PRINTED NAME	SIGNATURE	DATE

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IV. PARENTAL AUTHORIZATION FOR MARRIAGE OF MINORS

- | | |
|--|---|
| <input type="checkbox"/> APPLICANT IS A MINOR; AS PER MY SIGNATURE BELOW, PERMISSION IS GRANTED FOR THE MARRIAGE. | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> PROSPECTIVE ALIEN SPOUSE IS A MINOR; AS PER MY SIGNATURE BELOW, PERMISSION IS GRANTED FOR THE MARRIAGE. | <input type="checkbox"/> NOT APPLICABLE |

PRINTED NAME OF APPLICANT'S PARENT	SIGNATURE	DATE
PRINTED NAME OF PROSPECTIVE SPOUSE'S PARENT	SIGNATURE	DATE

V. CERTIFICATION OF APPLICANT'S MEDICAL EXAMINATION

MEMBER WAS EXAMINED THIS DATE FOR:

- | | |
|--|---|
| <input type="checkbox"/> MENTAL ILLNESS | <input type="checkbox"/> ACTIVE TUBERCULOSIS |
| <input type="checkbox"/> INFECTIOUS VENEREAL DISEASE | <input type="checkbox"/> MAJOR COMMUNICABLE DISEASE |

RESULTS:

- | |
|---|
| <input type="checkbox"/> APPLICANT IS FREE FROM ILLNESS AND IS ELIGIBLE TO MARRY |
| <input type="checkbox"/> APPLICANT IS SUFFERING FROM THE ILLNESS/DISEASE LISTED BELOW AND IS NOT QUALIFIED FOR MARRIAGE AT PRESENT. ANOTHER PHYSICAL EXAMINATION MAY BE REQUESTED AS INDICATED BELOW: |

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MEDICAL OFFICER'S PRINTED NAME, GRADE, COMMAND	SIGNATURE	DATE
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VI. CERTIFICATION OF CHAPLAIN'S COUNSELING

Applicant was adequately counseled regarding the problems and responsibilities of marriage. Amplifying comments are provided, as applicable:

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CHAPLAIN'S PRINTED NAME, RANK, SERVICE, COMMAND	SIGNATURE	DATE
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VII. COMMAND ENDORSEMENT			
COMMAND TITLE	COMMAND NAME, FULL ADDRESS		
Forwarded; approval of application is recommended.			
COMMENTS IF APPLICABLE:			
RANK, GRADE/BRANCH OF SERVICE	EMAIL ADDRESS	OFFICE PHONE	
PRINTED NAME	SIGNATURE	SERIAL NO.	DATE
<input type="checkbox"/> By direction			
VIII. COMMANDER, U.S. NAVAL FORCES MARIANAS (COMNAVMARIANAS) DISPOSITION			
APPLICANT	PROSPECTIVE ALIEN SPOUSE	COUNTRY	
<input type="checkbox"/> Authorization is hereby granted by COMNAVMARIANAS for contracting requested marriage contingent upon strict compliance with the cited Authority and laws governing marriage in the cited country. All original documents are hereby returned to the Command under cover of DD Form 2923 for delivery to the Applicant. Request Applicant be advised to provide COMNAVMARIANAS (N11) with a copy of the marriage contract to show the date and place of the marriage; that s/he will not be entitled to command sponsorship as a result of this approval – it must be requested separately as per COMNAVMARIANASINST 1700.2; and that the determination as to the eligibility for entry of the Prospective Alien Spouse into the U.S. rests with the U.S. Immigration and naturalization Service and the Department of State; the U.S. Navy does not make this determination.			
<input type="checkbox"/> Request for validation of marriage between Applicant and Prospective Alien Spouse is approved. Although the marriage was contracted without COMNAVMARIANAS approval as Area Commander and Approval Authority for the marriage of U.S. personnel in the country indicated above (in violation of Article 92 of the Uniform Code of Military Justice), normally such marriages are considered valid for immigration purposes by the U.S. Embassy. Disciplinary action, if deemed appropriate, remains the prerogative of the Command. All original documents are hereby returned to the Command under cover of DD Form 2923 for delivery to the Applicant. Request Applicant be advised that the determination as to the eligibility for entry of the Prospective Alien Spouse into the U.S. rests with the U.S. Immigration and Naturalization Service and the Department of State; the U.S. Navy does not make this determination			
PRINTED NAME, RANK/GRADE	SIGNATURE	SERIAL NO.	DATE
<input type="checkbox"/> By direction			