EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

WITNESSES' FORM

(One or two per spouse)

WITNESSES OF THE GROOM-TO-BE

First witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile | **E-mail**

Second witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile | **E-mail**

WITNESSES OF THE BRIDE-TO-BE

First witness

Full name | **Given name(s)**

Date and place of birth | **Occupation**

Marital status | **Relationship with the future spouse**

Postal address

Tel. / Mobile

E-mail

Second witness

Full name

Given name(s)

Date and place of birth

Occupation

Marital status

Relationship with the future spouse

Postal address

Tel. / Mobile

E-mail

We solemnly declare that the information provided above is accurate and complete.

Done at

On

Names and signatures of the future spouses