



REPUBLIC OF RWANDA

EMBASSY BERLIN

APPLICATION FORM FOR CIVIL MARRIAGE

FORM-MRG

(RED SECTIONS MANDATORY)

SECTION A – MARRIAGE DETAILS:

NAME OF FIANCÉE:		
NAME OF FIANCÉ:		
PROPOSED DATES FOR MARRIAGE:		
1)	2)	
MATRIMONIAL REGIME:		
LANGUAGE OF CIVIL MARRIAGE		
1 ST WITNESS REPRESENTING THE FAMILY OF <u>FIANCÉE</u>	SURNAME	
	OTHER NAMES	
	PASSPORT NR/ ID	
2 ND WITNESS OF <u>FIANCÉE</u>	SURNAME	
	OTHER NAMES	
	PASSPORT NR/ ID	
1 ST WITNESS REPRESENTING THE FAMILY OF <u>FIANCÉ</u>	SURNAME	
	OTHER NAMES	
	PASSPORT NR/ ID	
2 ND WITNESS OF <u>FIANCÉ</u>	SURNAME	
	OTHER NAMES	
	PASSPORT NR/ ID	

PHOTO

2 colored biometric
passport
photographs.
Please indicate your
name at the back, in
order to avoid any
confusion.

SECTION B –DETAILS OF THE FIANCÉE:

TITLE			
SURNAME			
OTHER NAMES			
STREET			
HOUSE NR		POSTAL CODE	
CITY		COUNTRY	
E-MAIL			
PASSPORT NR		EXPIRY DATE	
NATIONAL ID			
NATIONALITY		DATE OF BIRTH (D/M/Y)	
PLACE OF BIRTH:			
DISTRICT:	SECTOR:	CELL:	VILLAGE:
FATHER'S FULL NAME			
MOTHER'S FULL NAME			
PARENTS' ADDRESS			
LEVEL OF EDUCATION AND DOMAIN			
OCCUPATION			
WORKING PLACE			

PHOTO

2 colored biometric
passport
photographs.
Please indicate your
name at the back, in
order to avoid any
confusion.

SECTION C –DETAILS OF THE FIANCÉ:

TITLE			
SURNAME			
OTHER NAMES			
STREET			
HOUSE NR		POSTAL CODE	
CITY		COUNTRY	
E-MAIL			
PASSPORT NR		EXPIRY DATE	
NATIONAL ID			
NATIONALITY		DATE OF BIRTH (D/M/Y)	
PLACE OF BIRTH:			
DISTRICT:	SECTOR:	CELL:	VILLAGE:
FATHER'S FULL NAME			
MOTHER'S FULL NAME			
PARENTS' ADDRESS			
LEVEL OF EDUCATION AND DOMAIN			
OCCUPATION			
WORKING PLACE			

SECTION D -Declaration:

I AGREE TO INFORM THE COMPETENT SERVICES AT THE EMBASSY IF ANY INFORMATION ON THIS FORM CHANGES BEFORE THE PROCESSING OF MY APPLICATION IS COMPLETE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ON THIS FORM ARE TRUE AND CORRECT.

DATE (D/M/Y): ____/____/____

SIGNATURE (FIANCÉE): _____

DATE (D/M/Y): ____/____/____

SIGNATURE (FIANCÉ): _____

A. DOCUMENT CHECKLIST

SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. CHECK EACH BOX ONCE YOU ENCLOSE THE ITEM.

FORM	
<input type="checkbox"/>	FILLED APPLICATION FORM
IDENTITY DOCUMENTS FOR EACH SPOUSE	
<input type="checkbox"/>	A COPY OF YOUR NATIONAL ID AND/OR YOUR PASSEPORT
<input type="checkbox"/>	A COPY OF YOUR RESIDENT PERMIT
<input type="checkbox"/>	A BIRTH CERTIFICATE ISSUED BY RWANDAN AUTHORITIES CERTIFIED BY MINIJUST & MINAFET
<input type="checkbox"/>	A CELIBACY CERTIFICATE ISSUED BY RWANDAN AUTHORITIES CERTIFIED BY MINIJUST & MINAFET
IDENTITY DOCUMENTS FOR 4 WITNESSES, KINDLY STATE WHOSE WITNESS	
<input type="checkbox"/>	A COPY OF NATIONAL ID AND/OR PASSEPORT
<input type="checkbox"/>	A COPY OF NATIONAL ID AND/OR PASSEPORT
<input type="checkbox"/>	A COPY OF NATIONAL ID AND/OR PASSEPORT
<input type="checkbox"/>	A COPY OF NATIONAL ID AND/OR PASSEPORT
REQUIRED DOCUMENTS	
<input type="checkbox"/>	APPLICATION LETTER OF CIVIL MARRIAGE REQUEST ADDRESSED TO THE AMBASSADOR INDICATING YOUR FULL CONTACT DETAILS (CURRENT ADDRESS / PHONE NUMBER / EMAIL ADDRESS)
PHOTO	
<input type="checkbox"/>	TWO (2) COLORED BIOMETRIC PASSPORT PHOTOGRAPHS FOR EACH SPOUSE (PLEASE INDICATE THE NAME OF THE APPLICANT AT THE BACK, IN ORDER TO AVOID ANY CONFUSION)
FEE	
<input type="checkbox"/>	A PROOF OF PAYEMENT OF CONSULAR FEES (10 €) FOR MARRIAGE CERTIFICATE
<input type="checkbox"/>	A PROOF OF PAYEMENT OF CONSULAR FEES (10 €) FOR LEGALIZATION OF BIRTH CERTIFICATE
<input type="checkbox"/>	A PROOF OF PAYEMENT OF CONSULAR FEES (10 €) FOR LEGALIZATION OF CELIBACY CERTIFICATE

INCLUDE THIS COMPLETED DOCUMENT CHECKLIST WITH YOUR APPLICATION PACKAGE

A. NOTE: THE APPLICANTS MUST BE AT LEAST 18 YEARS OLD.

B. PAYEMENT OF CONSULAR FEES

CONSULAR FEES (10 €) MUST BE PAYED **FOR EACH** APPLICATION. PLEASE NOTE THAT THOSE CONSULAR FEES HAVE TO BE TRANSFERRED TO THE FOLLOWING BANK ACCOUNT BEFORE SENDING IN YOUR APPLICATION.

IF ANY DOCUMENT IS TO BE SENT BACK TO YOU THROUGH THE POSTAGE, PLEASE INCLUDE POSTAGE FEE OF €6,25,- (€7,20 OUTSIDE OF GERMANY).

Beneficiary: Botschaft von Ruanda
Bank: Commerzbank Berlin
IBAN: DE87 100400000266054603
SWIFT Code: COBADEFFXXX
Account Nr: 266054603
BLZ: 10040000

C. MAILING ADDRESS AND CONTACT DATA

BE SURE THAT YOU HAVE ADDRESSED THE ENVELOPE, ATTACHED SUFFICIENT POSTAGE AND SEND TO:

JÄGERSTRASSE 67-69
10117 BERLIN
BUNDESREPUBLIK DEUTSCHLAND

YOU CAN CONTACT US DURING BUSINESS HOURS UNDER THE PHONE NUMBER:

+49 (0) 30 209 165 90
Mon-Fri: 9AM to 1PM

OR VIA E-MAIL: ca@rwanda-botschaft.de
FOR FURTHER INFORMATIONS VISITE:
www.rwandaingermany.gov.rw

D. ABOUT THE DOCUMENTS

THE APPLICATION FORM (**FORM-CONS**) IS DESIGNED TO BE "FILLABLE" ON COMPUTER. THIS MEANS THAT YOU SHALL CONVENIENTLY COMPLETE THE FORM RIGHT ON YOUR COMPUTER. YOU CAN THEN PRINT YOUR COMPLETED FORM, SIGN IT AS REQUIRED AND SUBMIT IT TO THE ADDRESS MENTIONED ABOVE.

FAILURE TO PROVIDE A FULLY COMPLETED APPLICATION FORM OR THE NECESSARY DOCUMENTS WILL RESULT IN THE NON- PROCESSING OF YOUR APPLICATION.

THE COPIES OF YOUR DOCUMENTS (FOR EXAMPLE: PASSPORT, ID) MUST BE READABLE AND IF THEY CONTAIN A PHOTOGRAPH, THE PERSON MUST BE VISIBLE/RECOGNIZABLE. IT MAY BE HELPFUL TO MAKE COLOR COPIES.

E. LANGUAGE

YOU MUST PROVIDE THE ENGLISH OR FRENCH TRANSLATION OF ALL DOCUMENTS THAT ARE IN ANOTHER LANGUAGE AND THOSE TRANSLATED DOCUMENTS MUST BE CERTIFIED BY COMPETENT AUTHORITIES, i.e. BUNDESVERWALTUNGSAMT.

F. FEEDBACK

Kindly share your feedback of your experience of filling this form to improve our services.