

# Government of Andhra Pradesh

FORM - A  
(See Rule 5 (1))

## Application for Registration of Hindu Marriage

Date of Receipt .....

The Registrar

We request you to register the particulars relating to our Marriage solemnized on  
..... at..... Village  
/Town.....Taluk.....  
Mandal.....

**Full Name of parties**  
Full Name of parties

**Husband**

**Wife**

Religion & Caste of the parties

Age at solemnization of the marriage

Rank of Profession

Permanent place of residence before  
solemnization of the marriage

Date of Birth

Place with name of Taluk and District at which  
marriage was solemnized.

Date of solemnization of the marriage (Name in  
full)

Father

Mother

Guardian if any the wife with relationship (See  
Section 6)

1. Address of the Guardian (information to be  
furnished in case of divorced persons who may  
marry again (See Section 15)
2. Date of the decree in the Court of the first  
instance.
3. Whether the period of one year has elapsed

from the date noted in the Col (12) to the date of the application See Section 151.

4. Remarks

We hereby declare that the particulars mentioned above are correct to the best of our knowledge and belief that our marriage is one to which the Hindu Marriage Act, 1955 (central Act xxv of 1995) applies and that we have fulfilled the conditions, laid in Section 5, 6 or 15 wherever necessary.

(if the wife is a minor, signature of the guardian in marriage at the time of marriage)

Station:  
Date:

Signature with Date:

Husband:

Wife:

Witnesses

Name:

Name:

Address:

Address:

Signature:

Signature:

Signature of the Registrar with date