## SHREE HINDU MANDAL DAR ES SALAAM

## **WELFARE BOARD**

## REQUEST FOR MARRIAGE RECONCILIATION

1. APPLICANT DETAILS	
1.1. Full Name	
1.2. Date of birth	
1.3. Place of birth	
1.4. Nationality	
1.5. Proof of Nationality:	Document type:
Passport/NIDA/Voters	Number:
Card	Issue Date:
	Expiry Date:
1.6. For Non Tanzanians:	Document type:
Proof of Residence:	Number:
Dependant	Issue Date:
Pass/Residence Permit	Expiry Date:
1.7. Current residential	
address	
1.8. Telephone numbers	
1.9. Email address	
1.10. Name of next of kin	
1.11. Contact of next of	
kin	

2. SPOUSE DETAILS	
2.1. Full Name	
2.2. Date of birth	
2.3. Place of birth	
2.4. Nationality	
2.5. Proof of Nationality:	Document type:
Passport/NIDA/Voters	Number:
Card	Issue Date:
	Expiry Date:
2.6. For Non Tanzanians:	Document type:
Proof of Residence:	Number:
Dependant	Issue Date:
Pass/Residence Permit	Expiry Date:
2.7. Current residential	
address	
2.8. Telephone numbers	
2.9. Email address	

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		Contact of next							
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L	IXII	1							
	3. M	ARRIAGE DETA	TIS						
		Date of marriag							
		.2. Place of marriage							
		.3. Details of Children		Fill table below					
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	S/N	Name of Child/ Dependant	DOB		Gender	Current Residence			
I,									
Sig	Signeddate								
DO	CUME	NTS TO BE ATT	ACHE	ED W	ITH REQ	UEST FORM			
] ] ] ]	<ul> <li>☐ Identification proof of Applicant</li> <li>☐ Residence proof if applicant is Non Tanzanian</li> <li>☐ Marriage Certificate</li> <li>☐ Letter from applicant's community briefing on the attempted mediation process including minutes of the meetings OR</li> <li>☐ Letter from family/community elders briefing on the attempted mediation process including minutes of the meetings</li> <li>☐ Any other document</li> </ul>								