

District: **കായംപുഴ**

Division: **പാലക്കാട്**

Name of the Male Party (in full) of Parties (Age in years) Civil Condition Rank or Profession and Race Religion Name of the Father (in full) Rank or Profession of Father Name of the Division of Registrar where Certificate is issued	മുഖ്യ മന്ത്രി 202. 04. Single 202. 04. Hindu Mr. M. M. M. ...	Name of the Female Party (in full) of Parties (Age in years) Civil Condition Rank or Profession and Race Religion Name of the Father (in full) Rank or Profession of Father Name of the Division of Registrar where Certificate is issued
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Date of Solemnization of Marriage: **15 2024 31**

Solemnized by me (or in my presence) this **15** day of **2024**

Signature of the Registrar: *[Signature]*

Name of the Registrar: **...**

Signature of the Male Party: *[Signature]*

Name of the Male Party: **...**

Signature of the Female Party: *[Signature]*

Name of the Female Party: **...**

Name of the Registrar: **...**

Name of the Male Party: **...**

Name of the Female Party: **...**

District Registrar: **...**

District Registrar: **...**