

## REQUEST FOR COMMON LAW MARRIAGE STATUS

This form is to be completed by persons claiming benefit or assistance on the basis of a spousal relationship with an individual with whom they claim a common law marriage. The National Insurance (Benefit and Assistance) Regulations, Section 2(2), together with supplemental policies prescribe the elements that must coexist in order for the determination to be made that a common law relationship exists or existed. The burden of proof lies with the claimant to prove that a common law marriage exists or existed in accordance with Regulations and Policies. All of the following questions must be answered, and the requested documentary evidence provided; failure to fully complete this form or to provide the requested documents will result in summary dismissal of the request.

| IO:       | The Director,   |            |  |             |                                |                            |            |        |        |        |                       |        |      |
|-----------|---|------------|--|-------------|--------------------------------|----------------------------|------------|--------|--------|--------|-----------------------|--------|------|
|           | The National  | Insurance  | Board  |             |                                | D                          | ate:       |        |        |        |                       |        |      |
|           |   |            |  |             |                                |                            |            | day    | n      | nonth  |                       | year   | _    |
| From:     |   |            |  |             |                                | N.I.                       | #[         |        |        |        |                       |        |      |
|           | Surname   |            | Other N  | Name(s)     |                                |                            | <i>"</i>   |        |        |        |                       |        |      |
|           |   |            |  |             |                                |                            |            |        |        |        |                       |        |      |
| Date      | e of Birth/   | month /_ye | Cour   | ntry of Cit | izenship                       |                            |            |        |        |        |                       |        | _    |
| Add       | dress<br>House/Apt. #                                   |            |  |             |                                | Settlement                 |            |        |        |        |                       |        |      |
|           |   |            |  |             |                                |                            |            | Islar  | na     |        | Cou                   | ntry   |      |
| E-m       | nail  |            |  |             |                                |                            |            |        |        |        |                       |        | -    |
| Tele      | ephone #s   |            |  |             |                                |                            |            | P. O.  | Вох _  |        |                       |        |      |
| Nama      | of Dosoosodi  |            |  |             |                                | NI I                       | <b>"</b> — |        |        | $\neg$ | $\neg$                | $\top$ |      |
| ivallie ( | of Deceased: _  | Surname    |  | Other N     | Name(s)                        | 14.1.                      | #∟         |        |        |        |                       |        |      |
| _         | e, divorced or v<br>arriage:                            | vidowed w  | voman an   | nd a single | e, divorc                      | ed or widow                | ved m      | nan w  | ith no | ) law  | ful in                | npedi  | mei  |
| to ma     | -   | with who   |  |             |                                |                            |            |        |        |        |                       | npedi  | mei  |
| to ma     | <i>arriage:</i><br>Vas the person                       | with who   | o <b>m you c</b> l<br>No                             | laim a co   | mmon I                         | aw marriag                 | e eve      | er leg | ally m | narrie |                       | npedi  | mei  |
| to ma     | vas the person Yes Yes, to whom                         | with who   | om you cl<br>No<br>ak sheet t                        | laim a co   | mmon l                         | aw marriag                 | e eve      | er leg | ally m | narrie |                       | npedi  | mei  |
| to ma     | vas the person Yes Yes, to whom?                        | with who   | om you cl<br>No<br>ak sheet t                        | laim a co   | mmon l                         | aw marriag                 | e eve      | er leg | ally m | narrie |                       | npedi  | mei  |
| to ma     | vas the person Yes Yes, to whom                         | with who   | om you c<br>No<br>nk sheet t                         | laim a co   | mmon l                         | aw marriag                 | e eve      | er leg | ally m | narrie |                       | npedi  | mei  |
| to ma     | Vas the person Yes Yes, to whom How did tha             | with who   | om you cl<br>No<br>ok sheet t<br>e end?              | laim a co   | mmon I<br>litional r           | aw marriag<br>marriages if | e eve      | er leg | ally m | narrie | ed?                   |        |      |
| to ma     | vas the person Yes Yes, to whom                         | with who   | om you cl<br>No<br>ok sheet t<br>e end?              | laim a co   | mmon I<br>litional r           | aw marriag<br>marriages if | e eve      | er leg | ally m | narrie | ed?                   |        |      |
| to ma     | Arriage:  Vas the person Yes  Yes, to whom  How did tha | with who   | om you cl<br>No<br>ak sheet t<br>e end?<br>ubmit dea | laim a co   | mmon I litional r t name       | aw marriag<br>marriages if | e eve      | er leg | ally m | narrie | ed?                   |        |      |
| to ma     | Arriage:  Vas the person Yes  Yes, to whom  How did tha | with who   | om you cl<br>No<br>ak sheet t<br>e end?<br>ubmit dea | laim a co   | mmon I litional r t name       | aw marriag<br>marriages if | e eve      | er leg | ally m | narrie | ed?                   |        |      |
| to ma     | Vas the person Yes Yes, to whom How did tha             | with who   | om you cl<br>No<br>nk sheet t<br>e end?<br>ubmit dea | laim a co   | mmon I litional r t name       | aw marriag<br>marriages if | e eve      | er leg | ally m | narrie | ed?                   |        |      |
| to ma     | Was the person Yes Yes, to whom How did tha In divorce  | with who   | e end?   | first       | mmon I litional r t name lute) | aw marriag                 | e eve      | er leg | ally m | narrie | e <b>d?</b><br>eath ( | certif | cate |

|    | 2. | <u> </u>  | married? (Use blank sheet  | to list additional n                        | narriages if more       | than two)        |  |  |  |  |  |
|----|----|---|--|---|-------------------------|------------------|--|--|--|--|--|
|    |    | If Yes, to whom?  |  |   |                         |                  |  |  |  |  |  |
|    |    | asurname  | first nam  | ne  |                         |                  |  |  |  |  |  |
|    |    | How did that marr   |  |   |                         |                  |  |  |  |  |  |
|    |    |   | se submit <i>decree absolute</i> )   | ☐ In death (                                | please submit de        | ath certificate) |  |  |  |  |  |
|    |    | <u> </u>  |  | _   |                         |                  |  |  |  |  |  |
|    |    | bsurname  | first nam  | ie  |                         |                  |  |  |  |  |  |
|    |    | How did that marr   | iage end?  |   |                         |                  |  |  |  |  |  |
|    |    | In divorce (pleas   | se submit <i>decree absolute</i> )   | ☐ In death (                                | please submit de        | ath certificate) |  |  |  |  |  |
|    | 2. | together at the time of Yes   How long were you like from.  month  Provide information of | ving with the person with to to to no the places where you live                                | whom you claim a  month  ed together in the | year last five (5) year | narriage?        |  |  |  |  |  |
|    |    | sneet to list additional  | places where you have live   | ea ij more tnan tnr                         |                         |                  |  |  |  |  |  |
|    |    | Dates   | DISTRICT/ SETTLEMENT   | Island                                      | Address                 | TELEPHONE        |  |  |  |  |  |
|    |    | DATES   | SETTLEMENT   | ISLAND                                      | ADDRESS                 | TELEPHONE        |  |  |  |  |  |
|    |    |   |  |   |                         |                  |  |  |  |  |  |
|    |    |   |  |   |                         |                  |  |  |  |  |  |
|    |    |   |  |   |                         |                  |  |  |  |  |  |
|    |    |   |  |   | l                       |                  |  |  |  |  |  |
| 4. |    | •   | ch of the following you are<br>aim a common law relatio  | _   | idence that you         | lived with the   |  |  |  |  |  |
|    |    | ☐ Mail sent through t   | he postal service addressed  | to both of you.                             |                         |                  |  |  |  |  |  |
|    |    | <b>—</b> ·  | voter's cards for the past tw  |   |                         | re registered in |  |  |  |  |  |
|    |    | to the facts of your  | east two reliable individuals<br>relationship - i.e., the leng<br>d family considered you as h | th of time you lived                        |                         | -                |  |  |  |  |  |

| 1.    |                                       | rson with whom you cla             | he following you are subi<br>im a common law marria                                     | -               |         | -           |         |
|-------|---------------------------------------|------------------------------------|---|-----------------|---------|-------------|---------|
|       |                                       | *•<br>k statements bearing both    | i vour names  |                 |         |             |         |
|       | ш                                     | tgage papers bearing both          | •   |                 |         |             |         |
|       | _                                     | rance/policy listing one or        | •   |                 |         |             |         |
|       |                                       | , , ,                              |   |                 |         |             |         |
| 2.    |                                       | you have children toget No         | her:  |                 |         |             |         |
|       | Yes                                   | NO                                 |   |                 |         |             |         |
| 3.    | If Yes, li                            | st them ( <i>(Use blank shee</i> t | to list additional children   | if more than e  | ight)): |             |         |
|       |                                       |                                    | Name  |                 |         | D.O.B       |         |
|       |                                       | Surname                            | First Name  | Initial         | dd      | mm          | уу      |
|       | 1.                                    |                                    |   |                 |         |             |         |
|       | 2.                                    |                                    |   |                 |         |             |         |
|       | 3.                                    |                                    |   |                 |         |             |         |
|       | 4.                                    |                                    |   |                 |         |             |         |
|       |                                       |                                    |   |                 |         |             |         |
|       | 5.                                    |                                    |   |                 |         |             |         |
|       | 6.                                    |                                    |   |                 |         |             |         |
|       | 7.                                    |                                    |   |                 |         |             |         |
|       | 8.                                    |                                    |   |                 |         |             |         |
|       |                                       |                                    |   |                 |         |             |         |
|       |                                       | at the particulars supplied        | <b>ECLARATION AND SIGNATU</b> If by me as recorded on this order for a decision to be m | form are true   |         |             |         |
| to ve | erify info                            | rmation supplied by me. I,         | therefore and hereby, auth  | orize any perso | on name | d in this a | pplica- |
| Signa | ature (or                             | mark) of applicant                 |   |                 | Date    | ay/month/   |         |
| Witn  | Signature (or mark) of applicant Date |                                    |   |                 |         |             |         |
|       |                                       |                                    |   |                 |         |             |         |

C "As man and wife"

## IMPORTANT, PLEASE NOTE

Any person who, for the purpose of obtaining assistance under the National Insurance Act makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.

## (This page for use by the National Insurance Board ONLY)

| 1.                       | Was/is there any ir<br>☐ Yes               | mpediment to                     | to legal marriage?  Proof document(s):   |  |
|--------------------------|--|----------------------------------|--|--|
| 2.                       |  |                                  | law husband a born male and was/is<br>the Bahamian birth certificate or Ba<br>Proof Documents: |  |
| 3.                       | In the case of deat  Yes                   | th, were appli                   |  | er at the time of the deceased's death?  |
| 4.                       | Did the applicant a                        |                                  | orted spouse reside together for at Proof document(s):   |  |
| 5.                       | (5) years?                                 |                                  |  | in The Bahamas for at least the last five                                      |
| 6.                       | ☐ Yes  Are the applicant a ☐ Yes           | _                                | Proof Documents: orted spouse citizens or legal reside Proof Documents:                        | ents of The Bahamas?   |
| 7.                       | Were the applicant they lived together Yes |                                  | :ed spouse older than age 18 years f   | for at least five years of the period tha                                      |
| 8.                       | Were the applicant                         | nt and the pur                   | rported spouse free to marry for at  | least the last five years?   |
|                          | ote that any one "Nesignation.             | lo" response                     | to questions 1 - 8 will render the   | e applicant ineligible for common law  |
| Thi<br>the<br>her<br>ple | reby,  Approved ease certify the decise    | National Insur  Not Ap  I Not Ap | rance (Benefit & Assistance) Regula  | Satisfies Does not satisfy ations and supplemental policy, and is se of;  Date |
| _                        |  |                                  |  | day/month/year   |
|                          | Signature:                                 |                                  | 's <b>A</b> pproval  | stamp  |
|                          | Date:                                      | day                              | //month/year   |  |