



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

CERTIFICATION OF MARRIAGE

STATE OF _____

SS.

County of _____

I, _____, being first duly sworn, on oath depose and say:
(INSURED EMPLOYEE)

- 1) That I have entered into a marriage relationship with _____ ;
(NAME OF SPOUSE)
- 2) That the marriage relationship was entered into under the laws of the State of _____ ;
- 3) That the marriage relationship was established on _____ ;
(DATE)
- 4) That we have _____ dependent children born of this marriage as listed below.
(NUMBER)

_____	_____
(FULL NAME)	(DATE OF BIRTH)
_____	_____
(FULL NAME)	(DATE OF BIRTH)
_____	_____
(FULL NAME)	(DATE OF BIRTH)
_____	_____
(FULL NAME)	(DATE OF BIRTH)
_____	_____
(FULL NAME)	(DATE OF BIRTH)

 SIGNATURE OF INSURED EMPLOYEE GROUP NO. AGREEMENT NO.