



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

NOTICE OF INTENTION OF MARRIAGE

The following notice of intention of marriage is hereby given in compliance with law.

1. _____, 20____

2. TO THE CLERK OF _____, MASSACHUSETTS

PARTY A (Please Print)

3. PRESENT NAME: (First, Middle, Last)

3A. SURNAME TO BE USED AFTER MARRIAGE:

4. DATE OF BIRTH: (Month/Day/Year) 4A. AGE:

5. OCCUPATION:

6. RESIDENCE: (Number and Street)

(City/Town, State/Country, Zip Code)

7. THIS MARRIAGE # (1st, 2nd, 3rd): 7A. Status of last marriage
[] Widowed [] Divorced
[] Void or annulled by court order
[] Void, under former GL c.207/§11 or by operation of law at time of marriage
If void, please provide clerk with evidence (see reverse)

7B. Am/was member of: [] Civil Union [] Domestic Partnership (State/Country)

7C. If so, dissolved? [] Yes [] No

8. BIRTHPLACE: (City/Town) (State/Country)

9. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

10. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

22. SEX [] Male [] Female

24. RELATED by blood or marriage to Party B? [] Yes [] No If yes, how?

PARTY B (Please Print)

11. PRESENT NAME: (First, Middle, Last)

11A. SURNAME TO BE USED AFTER MARRIAGE:

12. DATE OF BIRTH (Month/Day/Year) 12A. AGE:

13. OCCUPATION:

14. RESIDENCE: (Number and Street)

(City/Town, State/Country, Zip Code)

15. THIS MARRIAGE # (1st, 2nd, 3rd): 15A. Status of last marriage
[] Widowed [] Divorced
[] Void or annulled by court order
[] Void, under former GL c.207/§11 or by operation of law at time of marriage
If void, please provide clerk with evidence (see reverse)

15B. Am/was member of: [] Civil Union [] Domestic Partnership (State/Country)

15C. If so, dissolved? [] Yes [] No

16. BIRTHPLACE: (City/Town) (State/Country)

17. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

18. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

23. SEX [] Male [] Female

25. RELATED by blood or marriage to Party A? [] Yes [] No If yes, how?

PENALTY: M.G.L. c.207 §52 "...whoever falsely swears or affirms in making any statement required...shall be punished by a fine..."

I have reviewed a list of impediments to marriage and hereby state that there is an absence of any legal impediment to this marriage and do hereby depose and say that all of the statements as set forth in the above notice whereof I could have knowledge are true and are made under the penalties of perjury (M.G.L. c.4 §6, Rule 6 General Laws).

Party A (Signature) _____

Party B (Signature) _____

Subscribed and sworn to, before me, this _____ day of _____, 20____

Registrar, Clerk, or Assistant Clerk designated to administer oaths: _____

Marriage Certificate Issued: _____, 20____ Not Valid After: _____, 20____ (60 days from date intention is filed. M.G.L.c.207 §20)





Name of City or Town: _____

Intention Number: _____

The Commonwealth of Massachusetts
 Department of Public Health
 Registry of Vital Records and Statistics

Supplement To Notice Of Intention Of Marriage

Chapter 64, Acts of 1998, requires that every couple filing an application to marry in Massachusetts provide the following information. All information on this form must be completed prior to the issuance of a marriage license in Massachusetts.

Complete one column for each person intending to marry.

Party A			Party B																										
Present name as it appears on the Intention:			Present name as it appears on the Intention:																										
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>																								
Residence:			Residence:																										
<i>Number and Street</i>			<i>Number and Street</i>																										
<i>City/Town</i>	<i>State/Country</i>	<i>ZIP Code</i>	<i>City/Town</i>	<i>State/Country</i>	<i>ZIP Code</i>																								
Social Security Number:			Social Security Number:																										
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25px; height: 25px;"></td> </tr> </table>																	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25px; height: 25px;"></td> </tr> </table>												
If a SSN has never been issued, specify reason below (example: Does not reside in the United States).			If a SSN has never been issued, specify reason below (example: Does not reside in the United States).																										
<i>We state that all of the information given above is true and we understand that all statements are made under the penalties of perjury.</i>																													
<i>Signature</i>			<i>Signature</i>																										
<i>Date Signed (Month/Day/Year)</i>			<i>Date Signed (Month/Day/Year)</i>																										

The Supplement to the Notice of Intention of Marriage is **NOT** a public record. No copy will be maintained in the office of the city or town clerk. The original form will be forwarded to the State Registry of Vital Records and Statistics. The information in the supplement under statute may be made available for the purposes of child support enforcement and to other such state or federal agencies as may be required by state or federal law.

PRINT OR TYPE LEGIBLY IN BLACK INK

INTENTION NO.: _____

CERTIFICATE EXPIRATION DATE ____/____/____

MARRIAGE WORKSHEET

NAME PARTY A: _____ Female Male

NAME PARTY B: _____ Female Male

PLANNED DATE OF MARRIAGE: _____
(Month/Day/Year)

PLANNED PLACE OF MARRIAGE: _____
Facility Name

Address- Street & Number

City Zip Code

CURRENT TELEPHONE NUMBER: (____)____-____ EMAIL ADDRESS: _____

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

Address- Street & Number City State Zip Code

TELEPHONE AFTER MARRIAGE: (____)____-____

OFFICIANT INFORMATION: _____
Officiant Name

Officiant Address- Street & Number

City Zip Code

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

Secretary of State, Commissions Division
McCormack Building - 17th floor
1 Ashburton Place
Boston MA 02108
(617)727-2836

	RECEIVED	YES	NO	NOT APPLICABLE
AGE ORDER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURT WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMISSION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>