

INTENTION NO.: _____

CERTIFICATE EXPIRATION DATE ____/____/____

MARRIAGE WORKSHEET

NAME PARTY A: _____ Female Male

NAME PARTY B: _____ Female Male

PLANNED DATE OF MARRIAGE: _____

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 _____

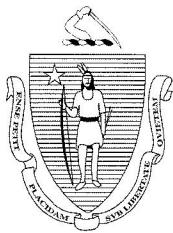
Officiant Address- Street & Number _____

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"/>



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)



NOTICE OF INTENTION OF MARRIAGE
(Reverse)

Last Marriage Void or Annulled

If last marriage was void or annulled (questions 7A and 15A) count the number of this marriage (item 7) as if the void/annulled marriage never occurred. Check below for evidence provided:

Party A

Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.

Court Order of Annulment

Court Order Voiding Last Marriage

A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

Affidavit if intended parties are different.

Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

Specify: _____

Affidavit if intended parties are different.

Party B

Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.

Court Order of Annulment

Court Order Voiding Last Marriage

A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

Affidavit if intended parties are different.

Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

Specify: _____

Affidavit if intended parties are different.

Persons under Age 18 (M.G.L. c.207 §§24, 25, 33A)

The clerk or registrar shall not receive a notice of intention of marriage of a person under 18 unless there is court authorization.

If court authorization was obtained pursuant to M.G.L. c.207 §25, please check below:

Party A

Party B

If legal age is in doubt, proof of age or parental consent is required pursuant to M.G.L. c.207 §33A. Please check below:

Party A

- certified copy of a record of birth.
- certified copy of a baptismal record.
- passport.
- life insurance policy.
- employment record.
- school record.
- immigration record.
- naturalization record.
- court record.
- parental consent.

Party B

- certified copy of a record of birth.
- certified copy of a baptismal record.
- passport.
- life insurance policy.
- employment record.
- school record.
- immigration record.
- naturalization record.
- court record.
- parental consent.

I am satisfied with the documentary evidence presented.

(Registrar, Clerk, or Assistant Clerk designated to administer oaths)

Date



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:										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><i>First</i></td> <td style="width: 33%; border: none;"><i>Middle</i></td> <td style="width: 33%; border: none;"><i>Last</i></td> </tr> </table>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><i>First</i></td> <td style="width: 33%; border: none;"><i>Middle</i></td> <td style="width: 33%; border: none;"><i>Last</i></td> </tr> </table>	<i>First</i>	<i>Middle</i>	<i>Last</i>				
<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>City/Town</i>										
<i>State/Country</i>	<i>State/Country</i>										
<i>ZIP Code</i>	<i>ZIP Code</i>										
Social Security Number:	Social Security Number:										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; border: none;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; border: none;">-</td> <td style="width: 28%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-		<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; border: none;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; border: none;">-</td> <td style="width: 28%; border: 1px solid black; height: 20px;"></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</i>	<i>Date Signed</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