



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

Intention No. _____

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)

PARTY B (Please Print)

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

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

3A. SURNAME TO BE USED AFTER MARRIAGE:

11A. SURNAME TO BE USED AFTER MARRIAGE:

4. DATE OF BIRTH: (Month,Day,Year)

4A. AGE:

12. DATE OF BIRTH (Month,Day,Year)

12A. AGE:

5. OCCUPATION:

13. OCCUPATION:

6. RESIDENCE: (Number and Street)

14. RESIDENCE: (Number and Street)

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

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

6A. If not a Massachusetts resident, I intend to reside in:

14A. If not a Massachusetts resident, I intend to reside in:

(State/Country)

(State/Country)

7. MARRIAGE NO. (1st, 2nd, 3rd):

7A. If not 1st, status of last marriage: []Widowed []Divorced

15. MARRIAGE NO. (1st, 2nd, 3rd):

15A. If not 1st, status of last marriage: []Widowed []Divorced

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

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

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

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

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

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

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

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

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

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

22. SEX [] Male [] Female

23. SEX [] Male [] Female

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

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

PENALTY: 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 for my place of residence and hereby state that there is an absence of any legal impediment to the 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 (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. c.207 §20)

Please note that if you are not a Massachusetts resident and you enter into a marriage in Massachusetts that would be void if contracted for in the state where you reside and intend to continue to reside, your marriage "shall be null and void" (G.L. c.207 §11)





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 Intention:

Present name as it appears on Intention:

First Middle Last

First Middle Last

Residence:

Residence:

(Number and Street)

(Number and Street)

(City/Town) (State/Country) ZIP Code

(City/Town) (State/Country) ZIP Code

Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If a SSN has never been issued, specify reason below
(example: Person does not reside in the United States):

If a SSN has never been issued, specify reason below
(example: Person does not reside in the United States):

We state that all of the information given above is true, and we understand that all statements are made under the penalties of perjury.

Signature

Date Signed

Signature

Date Signed

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 is forwarded to the State Registry of Vital Records and Statistics. The information in the supplement 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.