

# INTENTION OF MARRIAGE

**INSTRUCTIONS:** Please type or clearly print with *black ink*. Complete every item carefully, sign the certification statement, and return an application to the municipality in which at least one applicant resides. If neither applicant is a Maine resident, return the application to any municipality. The License and Certificate of Marriage will be prepared from the information on this form. It is valid only for marriages performed in the State of Maine.

| GROOM SECTION   |  |   |   |  |   |
|---|--|---|---|--|---|
| 1a. FIRST NAME  | 1b. MIDDLE NAME                                | 1c. LAST NAME                             |   | 1d. JR., ETC.                                  |   |
| 2. AGE LAST BIRTHDAY  | 3. RESIDENCE - State                           | 4. COUNTY                                 | 5. CITY OR TOWN   |  |   |
| 6. STREET AND NUMBER  |  |   | 7. BIRTHPLACE (State or Foreign Country)  | 8. DATE OF BIRTH (Mo., Day, Yr.)               |   |
| 9. FATHER'S NAME (First, Middle Initial, Last)  |  | 10. BIRTHPLACE (State or Foreign Country) | 11. MOTHER'S NAME (First, Middle Initial, Maiden Surname)   |  | 12. BIRTHPLACE (State or Foreign Country) |
| BRIDE SECTION   |  |   |   |  |   |
| 13a. FIRST NAME   | 13b. MIDDLE NAME                               | 13c. MAIDEN SURNAME                       |   | 14. CURRENT LAST NAME                          |   |
| 15. AGE LAST BIRTHDAY   | 16. RESIDENCE - State                          | 17. COUNTY                                | 18. CITY OR TOWN  |  |   |
| 19. STREET AND NUMBER   |  |   | 20. BIRTHPLACE (State or Foreign Country)   | 21. DATE OF BIRTH (Mo., Day, Yr.)              |   |
| 22. FATHER'S NAME (First, Middle Initial, Last)   |  | 23. BIRTHPLACE (State or Foreign Country) | 24. MOTHER'S NAME (First, Middle Initial, Maiden Surname)   |  | 25. BIRTHPLACE (State or Foreign Country) |
| MARITAL STATUS SECTION  |  |   |   |  |   |
| <b>GROOM</b>  |  |   | <b>BRIDE</b>  |  |   |
| Number of This Marriage   | 27. If Previously Married, Last Marriage Ended |   | Number of This Marriage   | 29. If Previously Married, Last Marriage Ended |   |
| 26. First, Second, etc. (Specify)   | <input type="checkbox"/> DEATH                 | <input type="checkbox"/> DIVORCE          | <input type="checkbox"/> ANNULMENT  | 28. First, Second, etc. (Specify)              | <input type="checkbox"/> DEATH            |
| DATE: (Mo., Day, Yr.): _____ / _____ / _____  |  |   | DATE: (Mo., Day, Yr.): _____ / _____ / _____  |  |   |
| NAME OF FORMER SPOUSE:  |  |   | NAME OF FORMER SPOUSE:  |  |   |
| Is groom currently registered with the state of Maine as a domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, year registered: _____ |  |   | Is bride currently registered with the state of Maine as a domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, year registered: _____ |  |   |
| LOCATION/NAME OF COURT:   |  |   | LOCATION/NAME OF COURT:   |  |   |

First cousins are required by law to obtain a certificate of genetic counseling by a physician.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FREE TO MARRY UNDER THE LAWS OF MAINE.

» \_\_\_\_\_  
 Signature of Groom  
 Telephone Number (optional): \_\_\_\_\_

» \_\_\_\_\_  
 Signature of Bride  
 Telephone Number (optional): \_\_\_\_\_

Personally appeared before me the above named and made oath to the truth and foregoing statement:

» \_\_\_\_\_  
 (Signature of Notary Public/Municipal Clerk)

» \_\_\_\_\_  
 (Signature of Notary Public/Municipal Clerk)

My term expires: \_\_\_\_\_  
 State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 Town/City of \_\_\_\_\_

My term expires: \_\_\_\_\_  
 State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 Town/City of \_\_\_\_\_

|   |                                       |
|---|---------------------------------------|
| Marriage is planned to take place on _____ at _____ |                                       |
| Date (Mo., Day, Yr.)                                |                                       |
| Officiant (if known) will be: _____                 | Title: _____                          |
| Officiants Address _____                            | Telephone # (optional) _____          |
| Street _____  | City _____ State _____ Zip Code _____ |

**DO NOT WRITE BELOW THIS LINE - MUNICIPAL CLERK USE ONLY**

Social Security requirement has been met:    yes     no     Date Intentions Filed (Mo., Day, Yr.): \_\_\_\_\_