

# 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.

<b>GROOM SECTION</b>				
1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME
2. AGE LAST BIRTHDAY		3. GROOM'S RESIDENCE - State		1d. JR., ETC.
4. FATHER'S NAME (First, Middle Initial, Last)			5. Father's BIRTHPLACE (State or Foreign Country)	
6. MOTHER'S NAME (First, Middle Initial, Maiden Surname)			7. Mother's BIRTHPLACE (State or Foreign Country)	
<b>BRIDE SECTION</b>				
8a. FIRST NAME		8b. MIDDLE NAME		8c. MAIDEN SURNAME
9. AGE LAST BIRTHDAY		10. BRIDE'S RESIDENCE - State		8d. CURRENT LAST NAME
11. FATHER'S NAME (First, Middle initial, Last)			12. FATHER'S BIRTHPLACE (State or Foreign Country)	
13. MOTHER'S NAME (First, Middle Initial, Maiden Surname)			14. MOTHER'S BIRTHPLACE (State or Foreign Country)	
<b>MARITAL STATUS SECTION</b>				
<b>GROOM</b>			<b>BRIDE</b>	
Number of This Marriage	15. If Previously Married, Last Marriage Ended			Number of This Marriage
17. First, Second, etc. (Specify)	<input type="checkbox"/> DEATH	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> ANNULMENT	18. First, Second, etc. (Specify)
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: _____	
19. LOCATION OF COURT::			20. LOCATION OF COURT:	

**First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you First Cousins**  Yes  No  
 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: _____
	(Religious/Civil) Telephone # (optional)
Officiant's Address _____	
Street	City State Zip Code

**CONFIDENTIAL INFORMATION (MUST BE COMPLETED BY BRIDE AND GROOM)**

21a. GROOM'S COUNTY	21b. GROOM'S CITY	21c. GROOM'S ADDRESS	21d. GROOM'S DATE OF BIRTH	21e. GROOM'S PLACE OF BIRTH
22a. BRIDE'S COUNTY	22b. BRIDE'S CITY	22c. BRIDE'S ADDRESS	22d. BRIDE'S DATE OF BIRTH	22e. BRIDE'S PLACE OF BIRTH

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

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