

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. GROOM'S RESIDENCE - State	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)	

BRIDE SECTION				
8a. FIRST NAME	8b. MIDDLE NAME	8c. MAIDEN SURNAME	8d. CURRENT LAST NAME	
9. AGE LAST BIRTHDAY	10. BRIDE'S RESIDENCE - State	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)	

MARITAL STATUS SECTION					
GROOM			BRIDE		
Number of This Marriage	15. If Previously Married, Last Marriage Ended			Number of This Marriage	16. If Previously Married, Last Marriage Ended
17. First, Second, etc. (Specify)	<input type="checkbox"/> DEATH	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> ANNULMENT	18. First, Second, etc. (Specify)	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT
	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 _____ <small style="margin-left: 150px;">Date (Mo., Day, Yr.)</small>
Officiant (if known) will be: _____ Title: _____ <small style="margin-left: 550px;">(Religious/Civil) Telephone # (optional)</small>
Officiant's Address _____ <small style="margin-left: 20px;">Street City State Zip Code</small>

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.): _____