



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 _____ WESTPORT _____, MASSACHUSETTS

PARTY A (Please Print)

PARTY B (Please Print)

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

GROOM'S NAME NOW

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

BRIDE'S NAME NOW

3A. SURNAME TO BE USED AFTER MARRIAGE:

LAST NAME TO BE USED AFTER MARRIAGE

11A. SURNAME TO BE USED AFTER MARRIAGE:

LAST NAME TO BE USED AFTER MARRIAGE

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

Write out Month (May 9, 1980)

4A. AGE:

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

Write out Month (May 9, 1980)

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)

7. THIS MARRIAGE

7A. Status of last marriage

(1st, 2nd, 3rd):

- 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)

15. THIS MARRIAGE

15A. Status of last marriage

(1st, 2nd, 3rd):

- 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)

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 OF PARENT (First, Middle, Last)

(Surname at birth or adoption)

Mother's Name Now

Maiden

17. NAME OF PARENT (First, Middle, Last)

(Surname at birth or adoption)

Mother's Name Now

Maiden

10. NAME OF PARENT (First, Middle, Last)

(Surname at birth or adoption)

Father's Name

18. NAME OF PARENT (First, Middle, Last)

(Surname at birth or adoption)

Father's Name

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: 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)