

INTENTION NO.:

CERTIFICATE EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**TOWN OF WESTPORT, MASSACHUSETTS  
MARRIAGE WORKSHEET**

NAME PARTY A: \_\_\_\_\_  FEMALE  MALE

NAME PARTY B: \_\_\_\_\_  FEMALE  MALE

PLANNED DATE OF MARRIAGE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PLANNED PLACE OF MARRIAGE: \_\_\_\_\_

Facility Name

Address – Street and Number

City

Zip Code

WERE YOUR PARENTS MARRIED WHEN YOU WERE BORN?

PARTY A: \_\_\_\_\_ PARTY B: \_\_\_\_\_

**Circle One:**

CURRENT TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Party A or B ?)

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER MARRIAGE:

Street and Number	City	State	Zip Code
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TELEPHONE AFTER MARRIAGE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME OF OFFICIANT: \_\_\_\_\_

PHONE NUMBER OF OFFICIANT: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS OF OFFICIANT: \_\_\_\_\_

Address – Street and Number

City

State

Zip Code

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

Secretary of State, Commissions Division  
McCormack Building – 17<sup>th</sup> Floor  
1 Ashburton Place  
Boston, MA 02108  
(617) – 727-2836

	RECEIVED	YES	NO	NOT APPLICABLE
AGE ORDER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURT WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMISSION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>