

State of Maine Intentions of Marriage

Department of Health and Human Services

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.

| | | | | | | | | |
|---|-----------------------------|-----------------|---|--------------------------|---|---------------------------------------|--|---------------|
| PARTY A | | | | | <input type="checkbox"/> Bride | <input type="checkbox"/> Groom | <input type="checkbox"/> Spouse (check one) | |
| 1a. First Name | | 1b. Middle Name | | 1c. Maiden/Birth Surname | | 1d. Current Last Name | | 1e. Jr., etc. |
| 2. Age Last Birthday | 3. Date of Birth (MM/DD/YY) | | 4. Birthplace (State or Foreign Country) | | 5. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | 6. Residence – State | |
| 7. County | | | 8. City or Town | | 9. Street and Number | | | |
| 10. Father/Parent Name (First, MI, Last Name) | | | 11. Birthplace (State or Foreign Country) | | 12. Mother/Parent Name (First, MI, Maiden/Birth Last Name) | | 13. Birthplace (State or Foreign Country) | |

| | | | | | | | | |
|---|------------------------------|------------------|---|---------------------------|--|---------------------------------------|--|----------------|
| PARTY B | | | | | <input type="checkbox"/> Bride | <input type="checkbox"/> Groom | <input type="checkbox"/> Spouse (check one) | |
| 14a. First Name | | 14b. Middle Name | | 14c. Maiden/Birth Surname | | 14d. Current Last Name | | 14e. Jr., etc. |
| 15. Age Last Birthday | 16. Date of Birth (MM/DD/YY) | | 17. Birthplace (State or Foreign Country) | | 18. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | 19. Residence - State | |
| 20. County | | | 21. City or Town | | 22. Street and Number | | | |
| 23. Father/Parent Name (First, MI, Last Name) | | | 24. Birthplace (State or Foreign Country) | | 25. Mother/Parent Name (First, MI, Maiden/Birth Last Name) | | 26. Birthplace (State or Foreign Country) | |

| MARITAL STATUS SECTION | | | |
|---|--|--|--|
| Party A | | Party B | |
| 27. Number of this Marriage First, Second, etc. (Specify) | 28. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment Date: (MM/DD/YY) Name of former spouse: | 29. Number of this Marriage First, Second, etc. (Specify) | 30. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment Date: (MM/DD/YY) Name of former spouse: |
| 28a. Location/Name of Court: | | 30a. Location/Name of Court: | |
| Is Party A currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' indicate year registered: | | Is Party B currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', indicate year registered: | |

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 Party A)

Social Security No.: _____

Telephone Number: _____

» _____
(Signature of Party B)

Social Security No.: _____

Telephone Number: _____

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: _____

My term expires: _____

State of _____

State of _____

County of _____

County of _____

Town/City of _____

Town/City of _____

| | |
|---|--|
| Marriage is planned to take place on _____ at _____ | |
| Date (MM/DD/YY) | |
| Officiant (if known) will be: _____ | Title: _____ |
| | (Religious/Civil) Telephone # (optional) |
| Officiant's Address _____ | |
| Street | City State Zip Code |



**Maine Center for Disease
Control and Prevention**
*An Office of the
Department of Health and Human Services*

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(207) 287-3771
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State of Maine Intentions of Marriage Non-Confidential Information

Date Intentions Filed (MM/DD/YY): _____

| | | | | |
|---|-------------|----------------------|-------------------|-----------|
| PARTY A <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) | | | | |
| First Name | Middle Name | Maiden/Birth Surname | Current Last Name | Jr., etc. |
| PARTY B <input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) | | | | |
| First Name | Middle Name | Maiden/Birth Surname | Current Last Name | Jr., etc. |