

# 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.

<b>PARTY A</b>					<input type="checkbox"/> <b>Bride</b>	<input type="checkbox"/> <b>Groom</b>	<input type="checkbox"/> <b>Spouse (check one)</b>	
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)	

<b>PARTY B</b>					<input type="checkbox"/> <b>Bride</b>	<input type="checkbox"/> <b>Groom</b>	<input type="checkbox"/> <b>Spouse (check one)</b>	
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			
<b>Party A</b>		<b>Party B</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*

Maine Center for Disease Control and Prevention (Maine CDC)  
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(207) 287-3771  
Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

### State of Maine Intentions of Marriage Non-Confidential Information

Date Intentions Filed (MM/DD/YY): \_\_\_\_\_

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