# 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** ☐ **Bride** ☐ **Groom** ☐ **Spouse (check one)**

**Please see reverse side for parental consent form if Party A is under the age of 18 at the time of issue.**

| 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 ☐Female ☐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** ☐ **Bride** ☐ **Groom** ☐ **Spouse (check one)**

**Please see reverse side for parental consent form if Party B is under the age of 18 at the time of issue.**

| 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 ☐ Female ☐ 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<br>☐ Death ☐ Divorce ☐ Annulment<br>Date: *(MM/DD/YY)*<br>Name of former spouse: | 29. Number of this Marriage First, Second, etc. *(Specify)* | 30. If Previously Married, Last Marriage Ended<br>☐ Death ☐ Divorce ☐ Annulment<br>Date: *(MM/DD/YY)*<br>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 ☐ No ☐<br>If 'yes' indicate year registered: | | Is Party B currently registered with the State of Maine as a Domestic Partner? Yes ☐ No ☐<br>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)

My term expires: _____

State of _____

County of _____

Town/City of _____

⏩ _____ (Signature of Notary Public/Municipal Clerk)

My term expires: _____

State of _____

County of _____

Town/City of _____

Marriage is planned to take place on _____ (Date *(MM/DD/YY)*) at _____

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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11 State House Station
Augusta, Maine 04333-0011
(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): _____

| **PARTY A** | ☐ **Bride** ☐ **Groom** ☐ **Spouse (check one)** | | | |
|---|---|---|---|---|
| First Name | Middle Name | Maiden/Birth Surname | Current Last Name | Jr., etc. |
| **PARTY B** | ☐ **Bride** ☐ **Groom** ☐ **Spouse (check one)** | | | |
| First Name | Middle Name | Maiden/Birth Surname | Current Last Name | Jr., etc. |