

INTENTION OF MARRIAGE

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 each 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.

GROOM SECTION							
1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		1d. JR., ETC.	
2. AGE LAST BIRTHDAY		3. RESIDENCE - State		4. COUNTY		5. CITY OR TOWN	
6. STREET AND NUMBER				7. BIRTHPLACE (State or Foreign Country)		8. DATE OF BIRTH (Mo., Day, Yr.)	
9. FATHER'S NAME (First, Middle Initial, Last)			10. BIRTHPLACE (State or Foreign Country)		11. MOTHER'S NAME (First, Middle Initial, Maiden Surname)		12. BIRTHPLACE (State or Foreign Country)
BRIDE SECTION							
13a. FIRST NAME		13b. MIDDLE NAME		13c. MAIDEN SURNAME		14. CURRENT LAST NAME	
15. AGE LAST BIRTHDAY		16. RESIDENCE - State		17. COUNTY		18. CITY OR TOWN	
19. STREET AND NUMBER				20. BIRTHPLACE (State or Foreign Country)		21. DATE OF BIRTH (Mo., Day, Yr.)	
22. FATHER'S NAME (First, Middle initial, Last)			23. BIRTHPLACE (State or Foreign Country)		24. MOTHER'S NAME (First, Middle Initial, Maiden Surname)		25. BIRTHPLACE (State or Foreign Country)
MARITAL STATUS SECTION							
GROOM				BRIDE			
Number of This Marriage		27. If Previously Married, Last Marriage Ended		Number of This Marriage		29. If Previously Married, Last Marriage Ended	
26. First, Second, etc. (Specify)		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT		28. First, Second, etc. (Specify)		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	
DATE: (Mo., Day, Yr.): _____ / _____ / _____				DATE: (Mo., Day, Yr.): _____ / _____ / _____			
NAME OF FORMER SPOUSE: _____				NAME OF FORMER SPOUSE: _____			
Is groom currently a registered domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is bride currently a registered domestic partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LOCATION/NAME OF COURT: _____				LOCATION/NAME OF COURT: _____			

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 Groom
 Telephone Number (optional): _____

» _____
 Signature of Bride
 Telephone Number (optional): _____

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: _____
 State of _____
 County of _____
 Town/City of _____

My term expires: _____
 State of _____
 County of _____
 Town/City of _____

Marriage is planned to take place on _____ at _____	
Date (Mo., Day, Yr.)	
Officiant (if known) will be: _____ Title: _____	
(Religious/Civil) Telephone # (optional)	
Officiant's Address _____	
Street	City
State	Zip Code

DO NOT WRITE BELOW THIS LINE – MUNICIPAL CLERK USE ONLY