

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 on page 2** and return the completed intentions to the municipality in which at least one party resides. If neither applicant is a Maine resident, return the completed intentions to any municipality.

| | | | | | |
|---|------------------------|--|---|--|---|
| Party A (check one) <input type="radio"/> Bride <input type="radio"/> Groom <input type="radio"/> Spouse <i>(Please complete the Parental Consent Form if Party A is less than the age of 18.)</i> | | | | | |
| 1. Current First Name | | 1a. Current Middle Name(s) | 1b. Current Last Name | | 1c. Suffix (<i>Jr., etc.</i>) |
| 2. Name Prior to First Marriage - First | | 2a. Middle Name(s) | 2b. Last Name | | 2c. Suffix (<i>Jr., etc.</i>) |
| 3. Birthplace State | 4. Birthplace Country | 5. Date of Birth (<i>mm/dd/yyyy</i>) | | 6. Age | 7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 8. Father/Parent Name Prior to First Marriage (<i>First, Middle, Last Name, Suffix</i>) | | | 8a. Birthplace (<i>State</i>) | 8b. Country | |
| 9. Mother/Parent Name Prior to First Marriage (<i>First, Middle, Last Name, Suffix</i>) | | | 9a. Birthplace (<i>State</i>) | 9b. Country | |
| 10. Party A Residence Street Address | | | | | |
| 10a. City/Town | | 10b. County | 10c. State | 10d. Country | 10e. Zip Code |
| 11. Party A Mailing Address (<i>Street or PO</i>) (<i>Apt/Unit</i>) | | | | | |
| 11a. City/Town | | | 11b. State | 11c. Country | 11d. Zip Code |
| 12. Party A Telephone Number (<i>10 digits</i>) | | | 12a. Party A E-mail Address (<i>If applicable</i>) | | |
| 13. Social Security Number * | | 14. Number of this Marriage: (<i>First, Second, etc.</i>) | | 15. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment | |
| 16. Date Last Marriage Ended (<i>mm/dd/yyyy</i>) | | | 17. Name of Former Spouse (<i>First, Middle, Last Name, Suffix</i>) | | |
| 18. Name of Court and/or Location Last Marriage Ended (City/State or Country) | | | | 19. Is Party A currently registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Party B (check one) <input type="radio"/> Bride <input type="radio"/> Groom <input type="radio"/> Spouse <i>(Please complete the Parental Consent Form if Party B is less than the age of 18.)</i> | | | | | |
| 20. Current First Name | | 20a. Current Middle Name(s) | 20b. Current Last Name | | 20c. Suffix (<i>Jr., etc.</i>) |
| 21. Name Prior to First Marriage - First | | 21a. Middle Name(s) | 21b. Last Name | | 21c. Suffix (<i>Jr., etc.</i>) |
| 22. Birthplace State | 23. Birthplace Country | 24. Date of Birth (<i>mm/dd/yyyy</i>) | | 25. Age | 26. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 27. Father/Parent Name Prior to First Marriage (<i>First, Middle, Last Name, Suffix</i>) | | | 27a. Birthplace (<i>State</i>) | 27b. Country | |
| 28. Mother/Parent Name Prior to First Marriage (<i>First, Middle, Last Name, Suffix</i>) | | | 28a. Birthplace (<i>State</i>) | 28b. Country | |

State of Maine Intentions of Marriage
Department of Health and Human Services

| | | | | |
|--|--|---|--|---------------|
| 29. Party B Residence Street Address | | | | |
| 29a. City/Town | 29b. County | 29c. State | 29d. Country | 29e. Zip Code |
| 30. Party B Mailing Address (<i>Street or PO</i>) (<i>Apt/Unit</i>) | | | | |
| 30a. City/Town | | 30b. State | 30c. Country | 30d. Zip Code |
| 31. Party B Telephone Number (<i>10 digits</i>) | | 31a. Party B E-mail address (<i>If applicable</i>) | | |
| 32. Social Security Number * | 33. Number of this Marriage: (<i>First, Second, etc.</i>) | | 34. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment | |
| 35. Date Last Marriage Ended (<i>mm/dd/yyyy</i>) | | 36. Name of Former Spouse (<i>First, Middle, Last Name, Suffix</i>) | | |
| 37. Name of Court and/or Location Last Marriage Ended (City/State or Country) | | | 38. Is Party B currently registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signed Certification | | | | |
| 39. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins? <input type="checkbox"/> Yes <input type="checkbox"/> 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. I understand a person who makes false representations to obtain a marriage license or to cause the solemnization of a marriage in violation of Maine law commits a civil violation for which a forfeiture may be adjudged as specified in Title 19-A §659 (3). This “intentions to marry” form is valid only for marriages performed in the State of Maine. | | | | |
| 40. Signature of Party A ▶ | | Date Signed | 41. Signature of Party B ▶ | |
| | | | | |
| The above named parties have personally appeared before me and made oath to the truth and foregoing statement: Notaries please do not use a notary seal, embosser or stamp on marriage intentions or licenses. | | | | |
| Signature of Notary Public or Municipal Clerk ▶ | | | Signature of Notary Public or Municipal Clerk ▶ | |
| Printed Name of Notary or Clerk | | Date Signed | Printed Name of Notary or Clerk | |
| | | | | |
| My Term Expires | City/Town | | My Term Expires | City/Town |
| County | State | | County | State |
| Ceremony/Solemnization (<i>Provide date and location of marriage and the name of the person performing the ceremony if known.</i>) (<i>If unknown, print unknown</i>) | | | | |
| 42. Date of Marriage (<i>mm/dd/yyyy</i>) | | 43. Place of Marriage (City/Town) | | 44. County |
| 45. Officiant Name (<i>First, Middle, Last Name, Suffix</i>) | | | 46. Officiant Telephone Number (<i>10 digits</i>) | |
| | | | | |

State of Maine Intentions of Marriage
Department of Health and Human Services

| | | | |
|---|-----------|-------------|--------------|
| 47. Officiant Title <i>(Type of Clergy such as Minister, Judge, Priest or Member of the Maine Bar, or Notary, etc.)</i> | | | |
| 48. Officiant E-Mail Address | | | |
| 49. Officiant Mailing Address <i>(Street or PO) (Apt/Unit)</i> | | | |
| 50. City/Town | 51. State | 52. Country | 53. Zip Code |

*Federal law requires the collection of social security numbers from applicants for a marriage license. (42 USC §666). **The SSN is confidential information and may not be disclosed** (1 M.R.S. §402 (3)(N)). This document (the "State of Maine Intentions of Marriage" form) **becomes a public record 50 years after** the date on this intentions to marry form (19-A M.R.S. §651). Because the SSN is confidential information that may *not* be disclosed, the SSN must be deleted (redacted) from this document before it is open for public inspection after 50 years. The social security number (SSN) is retained by the State Agency and the municipal clerks responsible for the administration of the vital statistics system.

NOTE: The clerk of each municipality in this State shall keep a chronological record of all marriages reported to the municipal clerk and must be kept as prescribed by the state registrar. The Marriage License will be prepared based on the information furnished on this form.

State of Maine Intentions of Marriage
Department of Health and Human Services

State of Maine Intentions of Marriage
Non-Confidential (Public) Information

Today's Date: _____

Date Intentions Filed (mm/dd/yyyy): _____

Place Intentions Filed (Issuing office): _____

| |
|--|
| Party A |
| Current First Name, Middle Name(s), Last Name, Suffix (<i>Jr., etc.</i>) |
| |
| Party B |
| Current First Name, Middle Name(s), Last Name, Suffix (<i>Jr., etc.</i>) |
| |

According to Maine law, the names of the parties and the intended date of marriage are public records and the “page 3” is available for public inspection and that the names and intended date is included in the annual municipal report on vital statistics. (19-A M.R.S. §651 and 22 M.R.S. §2706).