

**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.

<b>Party A (check one)</b> <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 ( <i>City/State or Country</i> )				19. Is Party A currently registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Party B (check one)</b> <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	
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 ( <i>City/State or Country</i> )				38. Is Party B currently registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Signed Certification**

39. 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. 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 ▶	Date Signed
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**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	Date Signed
My Term Expires	City/Town	My Term Expires	City/Town
County	State	County	State

**Ceremony/Solemnization** (Provide date and location of marriage and the name of the person performing the ceremony if known.)  
(If unknown, print unknown)

42. Date of Marriage (mm/dd/yyyy)	43. Place of Marriage (City/Town)	44. County	
45. Officiant Name (First, Middle, Last Name, Suffix)		46. Officiant Telephone Number (10 digits)	
47. Officiant Title (Type of Clergy such as Minister, Judge, Priest or Member of the Maine Bar, or Notary, etc.)			
48. Officiant E-Mail Address			
49. Officiant Mailing Address (Street or PO) (Apt/Unit)			
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.