

MARRIAGE INTENTION APPLICATION FORM – BLACK INK ONLY

CITY USE ONLY: – INT. NO. _____

Please Print:

Party A _____
First Middle Last

Last Name To Be Used After Marriage _____

Sex: Male - Female (Circle One): SS# _____ / _____ / _____

Age _____ Date of Birth _____ / _____ / _____
Month Day Year

Occupation _____

Home Address: _____ / _____
Number Street

City _____ State/Country _____ Zip _____

I'm In: Law Enforcement; Public Safety; Family Planning; Victim of Crime/Violence

Birthplace: City _____ State/Country _____

Are the Parties Related by Blood? Yes No (Circle One)

If Yes How? _____

Marriage No. 1st 2nd 3rd etc. _____

If not 1st status of last: Widowed Divorced (Circle One)

Am/was member of: Civil Union Domestic Partnership (Circle One)

State/Country _____

If so, Dissolved? Yes _____ No _____

Void/Annulled/Court Order _____ Void by GL c. 207 Law _____

Mother's Name _____ / _____
First Middle Last Surname/Maiden

Father's Name _____ / _____
First Middle Last Surname/Maiden

Were Your Parents Married at the Time of your Birth? Yes ___ No ___

Telephone # _____ / _____

Signature _____

Please Print:

Party B _____
First Middle Last

Last Name To Be Used After Marriage _____

Sex: Male - Female (Circle One): SS# _____ / _____ / _____

Age _____ Date of Birth _____ / _____ / _____
Month Day Year

Occupation _____

Home Address: _____ / _____
Number Street

City _____ State/Country _____ Zip _____

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Mother's Name _____ / _____
First Middle Last Surname/Maiden

Father's Name _____ / _____
First Middle Last Surname/Maiden

Were Your Parents Married at the Time of your Birth? Yes ___ No ___

Telephone # _____ / _____

Signature _____