

STATE OF MAINE INTENTION OF MARRIAGE

INSTRUCTIONS: Please type or clearly print with 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.

GROOM SECTION			
1a. FIRST NAME		1b. MIDDLE NAME	
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)	☐ DEATH ☐ DIVORCE ☐ ANNULMENT DATE: (Mo., Day, Yr.): ____/____/____ NAME OF FORMER SPOUSE: _____	28. First, Second, etc. (Specify)	☐ DEATH ☐ DIVORCE ☐ ANNULMENT DATE: (Mo., Day, Yr.): ____/____/____ NAME OF FORMER SPOUSE: _____
Is groom currently registered with the State of Maine as a domestic partner? ☐ Yes ☐ No If so, year registered: _____		Is bride currently registered with the State of Maine as a domestic partner? ☐ Yes ☐ No If so, year registered: _____	
LOCATION/NAME OF COURT: _____		LOCATION/NAME OF COURT: _____	

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 the State of Maine.

» _____
 Signature of Groom
 Telephone Number: _____

» _____
 Signature of Bride
 Telephone Number: _____

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

Date Intentions Filed (Mo., Day, Yr.): _____

STATE OF MAINE INTENTION OF MARRIAGE
Non-Confidential Information

Date Intentions Filed (*Mo., Day, Yr.*): _____

Groom - First Name	Middle Name	Last Name	JR., ETC
Bride - First Name	Middle Name	Maiden Name	Last Name