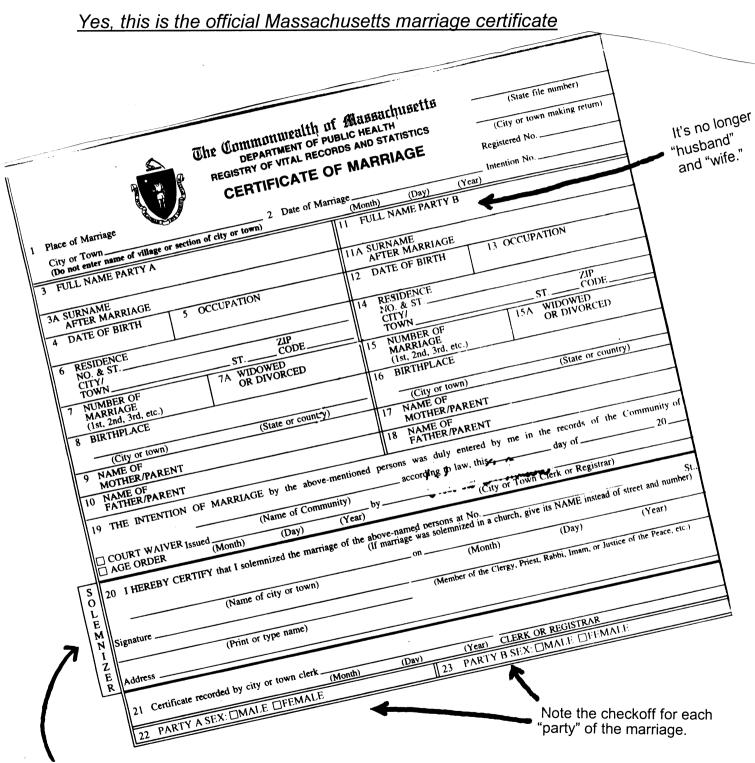
Groom & Groom? Bride & Bride?



Justices of the Peace were told by Gov. Romney that they must resign unless they agree to "solemnize" same-sex weddings!

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

Intention No.

, 20

NOTICE OF INTENTION OF MARRIAGE

The following notice of intention of marriage is hereby given in compliance with law.

2. TO THE CLERK OF	, MASSACHUSETTS			
PARTY A (Please Print)	PARTY B (Please Print)			
3. PRESENT NAME: (First, Middle, Last)	11. PRESENT NAME: (First, Middle, Last)			
3A. SURNAME TO BE USED AFTER MARRIAGE:	11A. SURNAME TO BE USED AFTER MARRIAGE:			
4. DATE OF BIRTH: (Month,Day,Year) 4A. AGE:	12. DATE OF BIRTH (Month, Day, Year) 12A. AGE:			
5. OCCUPATION:	13. OCCUPATION:			
6. RESIDENCE: (Number and Street)	14. RESIDENCE:(Number and Street)			
(Number and Street)	(Number and Street)			
(City/Town, State/Country, Zip Code)	(City/Town, State/Country, Zip Code)			
6A. If not a Massachusetts resident, I intend to reside in:	14A. If not a Massachusetts resident, I intend to reside in:			
(State/Country)	(State/Country)			
7. MARRIAGE NO. 7A. If not 1 st , status of last marriage: (1 st , 2 nd , 3 rd): □Widowed □Divorced	15. MARRIAGE NO. 15A. If not 1 st , status of last marriage: (1 st , 2 nd , 3 rd): □ Widowed □ Divorced			
7B. Am/was member of: ☐ Civil Union ☐ Domestic Partnership	15B. Am/was member of: ☐ Civil Union ☐ Domestic Partnership			
(State/Country)	(State/Country)			
7C. If so, dissolved? □Yes □No	15C. If so, dissolved? □Yes □No			
8. BIRTHPLACE: (City/Town) (State/Country)	16. BIRTHPLACE: (City/Town) (State/Country)			
9. NAME MOTHER/PARENT (First, Middle, Last) (Surname at birth or adoption)	17. NAME MOTHER/PARENT (First, Middle, Last) (Surname at birth or adoption)			
10. NAME FATHER/PARENT (First, Middle, Last) (Surname at birth or adoption)	18. NAME FATHER/PARENT (First, Middle, Last) (Surname at birth or adoption)			
22. SEX ☐ Male ☐ Female	23. SEX			
24. RELATED by blood or marriage to Party B? ☐ Yes ☐ No If yes, how?	25. RELATED by blood or marriage to Party A? ☐ Yes ☐ No If yes, how?			
	s in making any statement requiredshall be punished by a fine"			
impediment to the marriage and do hereby depose and say that	of residence and hereby state that there is an absence of any legal all of the statements as set forth in the above notice whereof I could e penalties of perjury (c.4 §6, Rule 6 General Laws).			
	Party B (Signature)			
Subscribed and sworn to, before me, this day				
Registrar, Clerk, or Assistant Clerk designated to administer oaths:				
Marriage Certificate Issued:, 20	Not Valid After: , 20			



Name of City or Town:	
•	
Intention Number	

The Commonwealth Of Massachusetts Department Of Public Health Registry Of Vital Records And Statistics

Supplement To Notice Of Intention Of Marriage

Chapter 64, Acts of 1998, requires that every couple filing an application to marry in Massachusetts provide the following information. All information on this form must be completed prior to the issuance of a marriage license in Massachusetts.

Complete one column for each person intending to marry.

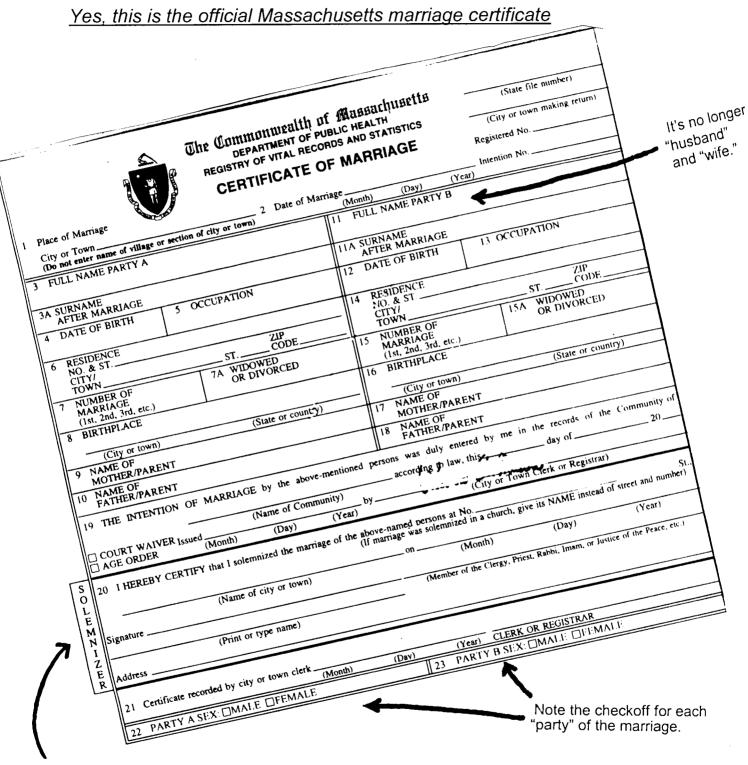
Party A		Party B Present name as it appears on Intention:			
Present name as it appears on Inte	ention:				
First Middle	Last	First Middle Last			
Residence:		Residence :			
(Number and Street)		(Number and Street)			
(City/Town) (State/Country) ZIP Code	(City/Town) (State/Country) ZIP Code			
Social Security Number:	7	Social Security Number:			
If a SSN has never been issued, specify (example: Person does not reside in the	reason below United States):	If a SSN has never been issued, specify reason below (example: Person does not reside in the United States):			
We state that all of the information under the penalties of perjury.	given above is tri	ue, and we understand that all statements are made			
Signature	Date Signed	Signature Date Signed			

The Supplement to the Notice of Intention of Marriage is <u>NOT</u> a public record. No copy will be maintained in the office of the city or town clerk. The original form is forwarded to the State Registry of Vital Records and Statistics. The information in the supplement may be made available for the purposes of child support enforcement and to other such state or federal agencies as may be required by state or federal law.

R-208-04			
INTENTION NO.:	CERTIFICATE EXPIRATION I	DATE	//
MAI	RRIAGE WORKSHEET	Γ	
NAME PARTY A:			EMALE MALE
NAME PARTY B:			EMALE [] MALE
PLANNED DATE OF MARRIAGE:	//		
PLANNED PLACE OF MARRIAGE:	Facility Name	•	
	Address – Street and Number		
	City	Zip Code	
CURRENT TELEPHONE NUMBER:	(
IF YOU NEED TO BE CONTACTED AFTER THE MARRIAGE:			
Street and Number	City	State	Zip Code
TELEPHONE AFTER MARRIAGE:	(
NAME OF OFFICIANT:			
ADDRESS OF OFFICIANT:			
	Address – Street and Number		
	City Sta	te	Zip Code
If the officiant is from another state, he of State before the marriage takes place. T	or she must apply for and receive a cor he Commission may be obtained from	nmission from	the Secretary of
Mo 1 A	cretary of State, Commissions Divisions CCormack Building – 17 th floor Ashburton Place Oston, MA 02108	n	

	RECEIVED	YES	NO	NOT APPLICABLE
MEDICAL CERTIFICATES (2)				
AGE ORDER		Ħ		
COURT WAIVER		T .	Ħ	Ħ
COMMISSION				Ħ

Groom & Groom? Bride & Bride?



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