

# Groom & Groom? Bride & Bride?

Yes, this is the official Massachusetts marriage certificate, since May 17.

**The Commonwealth of Massachusetts**  
**DEPARTMENT OF PUBLIC HEALTH**  
**REGISTRY OF VITAL RECORDS AND STATISTICS**  
**CERTIFICATE OF MARRIAGE**

1 Place of Marriage \_\_\_\_\_ (State file number)  
 City or Town \_\_\_\_\_ (City or town making return)  
 (Do not enter name of village or section of city or town) Registered No. \_\_\_\_\_  
 Intention No. \_\_\_\_\_

2 Date of Marriage \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

3 FULL NAME PARTY A \_\_\_\_\_ 11 FULL NAME PARTY B \_\_\_\_\_

3A SURNAME AFTER MARRIAGE \_\_\_\_\_ 11A SURNAME AFTER MARRIAGE \_\_\_\_\_

4 DATE OF BIRTH \_\_\_\_\_ 5 OCCUPATION \_\_\_\_\_ 12 DATE OF BIRTH \_\_\_\_\_ 13 OCCUPATION \_\_\_\_\_

6 RESIDENCE NO. & ST. \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ ST. \_\_\_\_\_ ZIP CODE \_\_\_\_\_ 14 RESIDENCE NO. & ST. \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ ST. \_\_\_\_\_ ZIP CODE \_\_\_\_\_

7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) \_\_\_\_\_ 7A WIDOWED OR DIVORCED \_\_\_\_\_ 15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) \_\_\_\_\_ 15A WIDOWED OR DIVORCED \_\_\_\_\_

8 BIRTHPLACE \_\_\_\_\_ (State or country) 16 BIRTHPLACE \_\_\_\_\_ (State or country)

9 NAME OF MOTHER/PARENT \_\_\_\_\_ (City or town) 17 NAME OF MOTHER/PARENT \_\_\_\_\_

10 NAME OF FATHER/PARENT \_\_\_\_\_ (State or country) 18 NAME OF FATHER/PARENT \_\_\_\_\_

19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of \_\_\_\_\_ (Name of Community) by \_\_\_\_\_ (City or Town Clerk or Registrar) according to law, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

COURT WAIVER Issued \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) by \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

AGE ORDER \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. \_\_\_\_\_ (If marriage was solemnized in a church, give its NAME instead of street and number) St. \_\_\_\_\_ on \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)

Signature \_\_\_\_\_ (Name of city or town) \_\_\_\_\_

Address \_\_\_\_\_ (Print or type name) \_\_\_\_\_

21 Certificate recorded by city or town clerk \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) CLERK OR REGISTRAR \_\_\_\_\_

22 PARTY A SEX:  MALE  FEMALE 23 PARTY B SEX:  MALE  FEMALE

It's no longer "husband" and "wife."

Note the checkoff for each "party" of the marriage.

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. \_\_\_\_\_

NOTICE OF INTENTION OF MARRIAGE

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

1. \_\_\_\_\_, 20\_\_\_\_

2. TO THE CLERK OF \_\_\_\_\_, MASSACHUSETTS

PARTY A (Please Print)

3. PRESENT NAME: (First, Middle, Last)

3A. SURNAME TO BE USED AFTER MARRIAGE:

4. DATE OF BIRTH: (Month,Day,Year) 4A. AGE:

5. OCCUPATION:

6. RESIDENCE: (Number and Street)

(City/Town, State/Country, Zip Code)

6A. If not a Massachusetts resident, I intend to reside in:

(State/Country)

7. MARRIAGE NO. (1st, 2nd, 3rd): 7A. If not 1st, status of last marriage: [ ]Widowed [ ]Divorced

7B. Am/was member of: [ ] Civil Union [ ] Domestic Partnership

(State/Country)

7C. If so, dissolved? [ ]Yes [ ]No

8. BIRTHPLACE : (City/Town) (State/Country)

9. NAME MOTHER/PARENT (First, Middle, Last) (Surname at birth or adoption)

10. NAME FATHER/PARENT (First, Middle, Last) (Surname at birth or adoption)

22. SEX [ ] Male [ ] Female

24. RELATED by blood or marriage to Party B? [ ] Yes [ ] No
If yes, how? \_\_\_\_\_

PARTY B (Please Print)

11. PRESENT NAME: (First, Middle, Last)

11A. SURNAME TO BE USED AFTER MARRIAGE:

12. DATE OF BIRTH (Month,Day,Year) 12A. AGE:

13. OCCUPATION:

14. RESIDENCE: (Number and Street)

(City/Town, State/Country, Zip Code)

14A. If not a Massachusetts resident, I intend to reside in:

(State/Country)

15. MARRIAGE NO. (1st, 2nd, 3rd): 15A. If not 1st, status of last marriage: [ ]Widowed [ ]Divorced

15B. Am/was member of: [ ] Civil Union [ ] Domestic Partnership

(State/Country)

15C. If so, dissolved? [ ]Yes [ ]No

16. BIRTHPLACE : (City/Town) (State/Country)

17. NAME MOTHER/PARENT (First, Middle, Last) (Surname at birth or adoption)

18. NAME FATHER/PARENT (First, Middle, Last) (Surname at birth or adoption)

23. SEX [ ] Male [ ] Female

25. RELATED by blood or marriage to Party A? [ ] Yes [ ] No
If yes, how? \_\_\_\_\_

PENALTY: G.L. c.207 §52 "...whoever falsely swears or affirms in making any statement required...shall be punished by a fine..."

I have reviewed a list of impediments to marriage for my place of residence and hereby state that there is an absence of any legal impediment to the marriage and do hereby depose and say that all of the statements as set forth in the above notice whereof I could have knowledge are true and are made under the penalties of perjury (c.4 §6, Rule 6 General Laws).

Party A (Signature) \_\_\_\_\_

Party B (Signature) \_\_\_\_\_

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Registrar, Clerk, or Assistant Clerk designated to administer oaths: \_\_\_\_\_

Marriage Certificate Issued: \_\_\_\_\_, 20\_\_\_\_ Not Valid After: \_\_\_\_\_, 20\_\_\_\_
(60 days from date intention is filed. c.207 §20)

Please note that if you are not a Massachusetts resident and you enter into a marriage in Massachusetts that would be void if contracted for in the state where you reside and intend to continue to reside, your marriage "shall be null and void" (G.L. c.207 §11)





INTENTION NO.: \_\_\_\_\_ CERTIFICATE EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MARRIAGE WORKSHEET**NAME PARTY A : \_\_\_\_\_  FEMALE  MALENAME PARTY B: \_\_\_\_\_  FEMALE  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 MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

\_\_\_\_\_  
Street and Number\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code

TELEPHONE AFTER MARRIAGE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

NAME OF OFFICIANT: \_\_\_\_\_

ADDRESS OF OFFICIANT :

\_\_\_\_\_  
Address – Street and Number\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

Secretary of State, Commissions Division  
McCormack Building – 17<sup>th</sup> floor  
1 Ashburton Place  
Boston, MA 02108  
(617) 727-2836

	RECEIVED	YES	NO	NOT APPLICABLE
MEDICAL CERTIFICATES (2)		<input type="checkbox"/>	<input type="checkbox"/>	
AGE ORDER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURT WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMISSION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>