Groom & Groom?  Bride & Bride?

Yes, this is the official Massachusetts marriage certificate

It's no longer “husband” and “wife.”

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

MassResistance  PO Box 1612, Waltham, MA 02454  www.MassResistance.org
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. 7A. If not 1st, status of last marriage:

(1st, 2nd, 3rd): __________  □ 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. 15A. If not 1st, status of last marriage:

(1st, 2nd, 3rd): __________  □ 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?

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) ________________________________________________________________________

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)
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.

<table>
<thead>
<tr>
<th>Party A</th>
<th>Party B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present name as it appears on Intention:</td>
<td>Present name as it appears on Intention:</td>
</tr>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Residence:</td>
<td>Residence:</td>
</tr>
<tr>
<td>(Number and Street)</td>
<td>(Number and Street)</td>
</tr>
<tr>
<td>(City/Town)</td>
<td>(State/Country)</td>
</tr>
</tbody>
</table>

Social Security Number:  

If a SSN has never been issued, specify reason below (example: Person does not reside in the United States):

Social Security Number:  

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 given above is true, and we understand that all statements are made under the penalties of perjury.

Signature  Date Signed  Signature  Date Signed

The Supplement to the Notice of Intention of Marriage is NOT 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.

PRINT OR TYPE IN BLACK INK
MARRIAGE WORKSHEET

INTENTION NO.: ___________  CERTIFICATE EXPIRATION DATE _____ / _____ / _____

NAME PARTY A: __________________________________________  □ FEMALE □ MALE

NAME 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 – 17th floor
1 Ashburton Place
Boston, MA 02108
(617) 727-2836

MEDICAL CERTIFICATES (2)

RECEIVED  YES  NO  NOT APPLICABLE

AGE ORDER

COURT WAIVER

COMMISSION