

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

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

MEDICAL CERTIFICATES (2)
 AGE ORDER
 COURT WAIVER
 COMMISSION

RECEIVED

YES

NO

NOT APPLICABLE

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