

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

	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"/>