MARRIAGE INTENTION APPLICATION FORM – BLACK INK ONLY

CITY USE ONLY: - INT. NO._____

Please Print:	Please Print:
Party A First Middle Last	Party B First Middle Last
Last Name To Be Used After Marriage	Last Name To Be Used After Marriage
Sex: Male - Female (Circle One): SS#//	Sex: Male - Female (Circle One): SS#//
Age Date of Birth/	Age Date of Birth//
Occupation	Occupation
Home Address:/	Home Address:/ Number Street
City State/Country Zip	City State/Country Zip
I'm In: Law Enforcement; Public Safety; Family Planning; Victim of Crime/Violence	I'm In: Law Enforcement; Public Safety; Family Planning; Victim of Crime/Violence
Birthplace: City State/Country	Birthplace: City State/Country
Are the Parties Related by Blood? Yes No (Circle One)	Are the Parties Related by Blood? Yes No (Circle One)
If Yes How?	If Yes How?
Marriage No. 1 st 2 nd 3 rd etc	Marriage No. 1 st 2 nd 3 rd etc
If not 1st status of last: Widowed Divorced (Circle One)	If not 1 st status of last: Widowed Divorced (Circle One)
Am/was member of: Civil Union Domestic Partnership (Circle One)	Am/was member of: Civil Union Domestic Partnership (Circle One)
State/Country	State/Country
If so, Dissolved? YesNo	If so, Dissolved? YesNo
Void/Annulled/Court Order Void by GL c. 207 Law	Void/Annulled/Court Order Void by GL c. 207 Law
Mother's Name First Middle Last Surname/Maiden	Mother's Name/
Father's Name/	Father's Name/
Were Your Parents Married at the Time of your Birth? Yes No	Were Your Parents Married at the Time of your Birth? Yes No
Telephone #/	Telephone #/
Signature	Signature 8-14 REV