

Groom & Groom? Bride & Bride?

Yes, this is the official Massachusetts marriage certificate

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 _____ according to law, this _____ day of _____ 20 _____ (City or Town Clerk or Registrar)

COURT WAIVER Issued _____ (Month) _____ (Day) _____ (Year) by _____ (City or Town Clerk or Registrar)

AGE ORDER _____ (Month) _____ (Day) _____ (Year) by _____ (City or Town Clerk or Registrar)

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)





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.

Party A			Party B		
Present name as it appears on Intention:			Present name as it appears on Intention:		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Residence :			Residence :		
<i>(Number and Street)</i>			<i>(Number and Street)</i>		
<i>(City/Town)</i>	<i>(State/Country)</i>	<i>ZIP Code</i>	<i>(City/Town)</i>	<i>(State/Country)</i>	<i>ZIP Code</i>
Social Security Number:			Social Security Number:		
□ □ □ - □ □ - □ □ □ □			□ □ □ - □ □ - □ □ □ □		
If a SSN has never been issued, specify reason below (example: Person does not reside in the United States):			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.

<i>Signature</i>	<i>Date Signed</i>	<i>Signature</i>	<i>Date Signed</i>
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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.

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"/>