

INTENTION NO.:

CERTIFICATE EXPIRATION DATE ____ / ____ / ____

MARRIAGE WORKSHEET

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

	RECEIVED	YES	NO	NOT APPLICABLE
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"/>