

**State of Maine  
Department of Health and Human Services  
Intention of Marriage Application (VS2-A)**

Please type or clearly print with **black ink**

<b>Party A (check one):</b> <input type="checkbox"/> <b>Bride</b> <input type="checkbox"/> <b>Groom</b> <input type="checkbox"/> <b>Spouse</b> <i>(Please complete the Parental Consent form if Party A is less than the age of 18.)</i>				Proposed Date of Marriage:	
1. Current Name <i>(First, Middle, Last, Suffix)</i>					
2. Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>					
3. Birthplace State	4. Birthplace Country	5. Date of Birth <i>(mm/dd/yyyy)</i>	6. Age	7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
8. Father/Parent Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>			9. Birthplace State	10. Country	
11. Mother/Parent Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>			12. Birthplace State	13. Country	
14. Party A Residence Address <i>(Street number, name and/or designator)</i>			15. City/Town		
16. County	17. State	18. Country		19. Zip Code	
20. Party A Mailing Address <i>(Street or PO) (Apt/Unit)</i>			21. City/Town		
22. County	23. State	24. Country		25. Zip Code	
26. Party A Telephone Number (10 digits)			27. Party A E-mail Address <i>(If applicable)</i>		
28. Party A Proposed New Name After this Marriage <i>(First, Middle, Last, Suffix)</i>				29. Social Security Number*	
30. Number of this Marriage: <i>(First, Second, etc.)</i>		31. If Previously Married, Last Marriage Ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment			
32. Date Last Marriage Ended <i>(mm/dd/yyyy)</i>	33. Name of Former Spouse <i>(First, Middle, Last, Suffix)</i>				
34. Name and Location of Court <b>or</b> City/State and Country of Death					
35. Is Party A registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Signed Certification</b> ~ I hereby certify that the information above is correct to the best of my knowledge and belief and that I am free to marry under the laws of Maine. I understand this "intentions to marry" application is valid only for marriages performed in the State of Maine to obtain a marriage license.					
Signature of Party A ▶				Date Signed	
The above-named party has personally appeared before me and made oath to the truth and foregoing statement. Notaries, please do not use a notary seal, embosser or stamp on marriage intentions or marriage licenses.					
Signature of Notary Public or Filing Official ▶		Printed Name		Date Signed	
My Term Expires	City/Town	County		State	

\*Federal law requires the collection of social security numbers from applicants for a marriage license. (42 USC §666). **The SSN is confidential information and may not be disclosed (1 M.R.S. §402 (3)(N)).** This document (the "State of Maine Intentions of Marriage" application) becomes a public record 50 years *after* the date on this intention to marry application (19-A M.R.S. §651). Because the SSN is confidential information that may *not* be disclosed, the SSN must be deleted (redacted) from this document before it is open for public inspection after 50 years. The social security number (SSN) is retained by the State Agency and the municipal clerks responsible for the administration of the vital statistics system.

**State of Maine  
Department of Health and Human Services  
Intention of Marriage Application (VS2-A)**

Please type or clearly print with **black ink**

<b>Party B (check one):</b> <input type="checkbox"/> <b>Bride</b> <input type="checkbox"/> <b>Groom</b> <input type="checkbox"/> <b>Spouse</b> <i>(Please complete the Parental Consent form if Party B is less than the age of 18.)</i>					<i>Proposed Date of Marriage:</i>	
37. Current Name <i>(First, Middle, Last, Suffix)</i>						
38. Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>						
39. Birthplace State	40. Birthplace Country	41. Date of Birth <i>(mm/dd/yyyy)</i>		42. Age	43. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
44. Father/Parent Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>				45. Birthplace State	46. Country	
47. Mother/Parent Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>				48. Birthplace State	49. Country	
50. Party B Residence Address <i>(Street number, name and/or designator)</i>				51. City/Town		
52. County		53. State		54. Country		55. Zip Code
56. Party B Mailing Address <i>(Street or PO) (Apt/Unit)</i>				57. City/Town		
58. County		59. State		60. Country		61. Zip Code
62. Party B Telephone Number (10 digits)				63. Party B E-mail Address <i>(If applicable)</i>		
64. Party B Proposed New Name After this Marriage <i>(First, Middle, Last, Suffix)</i>					65. Social Security Number*	
66. Number of this Marriage: <i>(First, Second, etc.)</i>				67. If Previously Married, Last Marriage Ended by: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		
68. Date Last Marriage Ended <i>(mm/dd/yyyy)</i>			69. Name of Former Spouse <i>(First, Middle, Last, Suffix)</i>			
70. Name and Location of Court <u>or</u> City/State and Country of Death						
71. Is Party B registered with the State of Maine as a Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No						
72. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Signed Certification</b> ~ I hereby certify that the information above is correct to the best of my knowledge and belief and that I am free to marry under the laws of Maine. I understand this "intentions to marry" application is valid only for marriages performed in the State of Maine to obtain a marriage license.						
Signature of Party B ▶					Date Signed	
The above-named party has personally appeared before me and made oath to the truth and foregoing statement. Notaries, please do not use a notary seal, embosser or stamp on marriage intentions or marriage licenses.						
Signature of Notary Public or Filing Official ▶			Printed Name		Date Signed	
My Term Expires		City/Town		County		State

\*Federal law requires the collection of social security numbers from applicants for a marriage license. (42 USC §666). *The SSN is confidential information and may not be disclosed (1 M.R.S. §402 (3)(N))*. This document (the "State of Maine Intentions of Marriage" application) becomes a public record 50 years after the date on this intention to marry application (19-A M.R.S. §651). Because the SSN is confidential information that may not be disclosed, the SSN must be deleted (redacted) from this document before it is open for public inspection after 50 years. The social security number (SSN) is retained by the State Agency and the municipal clerks responsible for the administration of the vital statistics system.

**State of Maine**  
**Department of Health and Human Services**  
**Intention of Marriage Application (VS2-A)**

**INSTRUCTIONS FOR PARTIES:** Complete every item carefully. Type or neatly print in BLACK ink only. Check the boxes and sign the certification portion in the presence of a notary public, municipal clerk or the State Registrar. Return the completed intentions to the municipality in which at least one party resides or the State Registrar of Vital Statistics. If neither applicant is a Maine resident, parties may file the completed intentions in any municipality or the State Registrar of Vital Statistics.

**Previously Married Persons**

Persons who have been previously married must present a certified copy of the death certificate of the deceased spouse or the record of divorce or annulment prior to a marriage license being issued. A record of divorce from another state or foreign country is evidence of divorce. If the record is not in English, the record must be translated into English by a disinterested 3rd person at the parties' expense. A marriage contracted when either party fails to submit a certificate or certified copy of the divorce decree or annulment of the last marriage or the death certificate of the last spouse or when either party makes false representations about previous marriages to obtain a marriage license, the marriage will become VOID.

**Parties under 18 Years of Age**

Parties under *18 years of age* must present the written consent of their parents, guardians, or persons to whom a court has given custody. If both parents are living and have joint custody, the written consent of both parents is required. If a parent is no longer living, a certified copy of the death certificate of the parent and the birth certificate of the party listing the parent is required.

Parties under *16 years of age* must present the written consent of their parents, guardians, or persons to whom a court has given custody and the written consent from the Judge(s) of Probate in the county in which the minor resides. If both parents are living and have joint custody, the written consent of both parents is required. If a parent is no longer living, a certified copy of the death certificate of the parent and the birth certificate of the party listing the parent is required.

**Related Parties (First Cousins)**

If parties are related as specified by Title 19-A §701 subsection 2, the parties must provide a signed certification certificate from a physician stating that they have received genetic counseling.

**Incarcerated Parties**

If either of the parties to the marriage are incarcerated in a state correctional facility, a marriage license may be issued (after filing the intentions) without the incarcerated party's original signature on the marriage license. A letter from the facility in which the party is incarcerated must be provided to the issuing official to obtain the marriage license. The letter must be on facility letterhead and state that the party is incarcerated. The signature of the incarcerated party must be obtained on the marriage license at the time the ceremony is performed.

**Imminent Death**

An authoritative request must be presented at the time marriage intentions are filed from a minister, clergyman, priest, rabbi, or attending physician stating that the death of either party is imminent. The authoritative request must be on facility letterhead, provide the name of patient, state that death is imminent and state the patient is conscious and coherent. The patient must make it known that it is their wish to be married and sign the letter in addition to the signature and printed name of the minister, clergyman, priest, rabbi, or attending physician declaring death is imminent.

**Marriage License**

Once the marriage intentions have been filed, a marriage license may be issued and is valid for 90 days from the date the intentions were filed. Each party to the intended marriage shall complete the license by appearing in person before the municipal clerk or State Registrar to sign the certification statement on the marriage license. The parties are responsible to provide the marriage license to the Officiant who will solemnize the marriage by performing a marriage ceremony, completing the marriage ceremony section on the marriage license, and obtaining the original signatures of two witnesses who are physically present during the ceremony. The Officiant must return the marriage license to the issuing authority who issued the license within 7 days after the ceremony was performed.