Form R-202/2024

Intention No._____

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

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. FULL NAME 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)

7. THIS MARRIAGE # (1st, 2nd, 3rd): ___

7A. Status of last marriage
☐ Widowed ☐ Divorced
☐ Void or annulled by court order
☐ Void, under former GL c.207/§11 or by operation of law at time of marriage
If void, see reverse for required evidence

7B. Is there any reason why you would be prohibited from marrying in Massachusetts due the laws of another state or jurisdiction? ☐Yes ☐No

8. BIRTHPLACE: (City/Town) (State/Country)

_____ | _____

9. NAME OF PARENT (1) (First, Middle, Last) (Surname at birth or adoption)

_____ | _____

10. NAME OF PARENT (2) (First, Middle, Last) (Surname at birth or adoption)

_____ | _____

11. RELATED by blood or marriage to Party B? ☐ Yes ☐ No
If yes, how? _____

PARTY B (Please Print)

12. PRESENT NAME: (First, Middle, Last)

_____

12A. FULL NAME TO BE USED AFTER MARRIAGE:

_____

13. DATE OF BIRTH (Month, Day, Year) 13A. AGE:

_____ _____

14. OCCUPATION: _____

15. RESIDENCE: _____
(Number and Street)

_____
(City/Town, State/Country, Zip Code)

16. THIS MARRIAGE # (1st, 2nd, 3rd): ___

16A. Status of last marriage
☐ Widowed ☐ Divorced
☐ Void or annulled by court order
☐ Void, under former GL c.207/§11 or by operation of law at time of marriage
If void, see reverse for required evidence

16B. Is there any reason why you would be prohibited from marrying in Massachusetts due to the laws of another state or jurisdiction? ☐Yes ☐No

17. BIRTHPLACE: (City/Town) (State/Country)

_____ | _____

18. NAME OF PARENT (1) (First, Middle, Last) (Surname at birth or adoption)

_____ | _____

19. NAME OF PARENT (2) (First, Middle, Last) (Surname at birth or adoption)

_____ | _____

20. RELATED by blood or marriage to Party A? ☐ Yes ☐ No
If yes, how? _____

PENALTY: MG.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 and hereby state that there is an absence of any legal impediment to this 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 (M.G.L. 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. M.G.L. c.207 §20)

NOTICE OF INTENTION OF MARRIAGE
(Reverse)

Last Marriage Void or Annulled
If last marriage was void or annulled (questions 7A and 16A) count the number of this marriage (item 7) as if the void/annulled marriage never occurred. Check below for evidence provided:

Party A	Party B
☐ Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.	☐ Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.
☐ Court Order of Annulment	☐ Court Order of Annulment
☐ Court Order Voiding Last Marriage	☐ Court Order Voiding Last Marriage
☐ A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage. ☐ Affidavit if intended parties are different.	☐ A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L c.207 §11 (repealed) or by operation of law at the time of marriage. ☐ Affidavit if intended parties are different.
☐ Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage. *Specify:* _____ _____ ☐ Affidavit if intended parties are different.	☐ Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage. *Specify:* _____ _____ ☐ Affidavit if intended parties are different.

Proof of Age (M.G.L. c.207 §33A)
The clerk or registrar shall not receive a notice of the intention of marriage of a person under the age of 18. The clerk or registrar shall not issue a certificate before receiving proof of age of the parties and verifying that both parties are not less than 18 years of age. Such proof shall be contained in any of the following documents, graded and taking precedence in the following order:

Party A	Party B
☐ Certified copy of a record of birth	☐ Certified copy of a record of birth
☐ Certified copy of a baptismal record	☐ Certified copy of a baptismal record
☐ Passport	☐ Passport
☐ Life insurance policy	☐ Life insurance policy
☐ Employment record	☐ Employment record
☐ School record	☐ School record
☐ Immigration record	☐ Immigration record
☐ Naturalization record	☐ Naturalization record
☐ Court record	☐ Court record
☐ Other _____	☐ Other _____

Other information relevant to the preparation of a Certificate of Marriage (optional, as needed):

_____

I am satisfied with the documentary evidence presented.

_____ _____
(Registrar, Clerk, or Assistant Clerk designated to administer oaths) Date

Form R203-08

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 the Intention:	**Present name as it appears on the Intention:**
First *Middle* *Last*	*First* *Middle* *Last*
Residence:	**Residence:**
Number and Street	*Number and Street*
City/Town *State/Country* *ZIP Code*	*City/Town* *State/Country* *ZIP Code*
Social Security Number: ___ - ___ - ____	**Social Security Number:** ___ - ___ - ____
If a SSN has never been issued, specify reason below (example: Does not reside in the United States).	If a SSN has never been issued, specify reason below (example: 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.

Signature *Date Signed*	*Signature* *Date Signed*

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 will be forwarded to the State Registry of Vital Records and Statistics. The information in the supplement under statute 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.

PRINT OR TYPE LEGIBLY IN BLACK INK

R208-08

INTENTION NO.: _____ CERTIFICATE EXPIRATION DATE _____/_____/_____

MARRIAGE WORKSHEET

NAME PARTY A: _____

NAME PARTY B: _____

PLANNED DATE OF MARRIAGE: _____

PLANNED PLACE OF MARRIAGE: _____
Facility Name

_____
Address- Street & Number

_____
City Zip Code

CURRENT TELEPHONE NUMBER: (_____)_____-_____ EMAIL ADDRESS: _____

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

_____
Address- Street & Number City State Zip Code

OFFICIANT TELEPHONE: (_____)_____-_____

OFFICIANT INFORMATION: _____
Officiant Name

_____
Officiant Address- Street & Number

_____
City 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
COURT WAIVER		☐	☐	☐
COMMISSION		☐	☐	☐