

**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>				<i>Proposed Date of Marriage:</i>	
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 <input type="checkbox"/> Nonbinary X	
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 <u>or</u> 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.

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**Department of Health and Human Services**  
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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>				Proposed Date of Marriage:	
37. Current Name (First, Middle, Last, Suffix)					
38. Name Prior to First Marriage (First, Middle, Last, Suffix)					
39. Birthplace State	40. Birthplace Country	41. Date of Birth (mm/dd/yyyy)	42. Age	7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary X	
44. Father/Parent Name Prior to First Marriage (First, Middle, Last, Suffix)			45. Birthplace State	46. Country	
47. Mother/Parent Name Prior to First Marriage (First, Middle, Last, Suffix)			48. Birthplace State	49. Country	
50. Party B Residence Address (Street number, name and/or designator)			51. City/Town		
52. County	53. State	54. Country		55. Zip Code	
56. Party B Mailing Address (Street or PO) (Apt/Unit)			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 (If applicable)		
64. Party B Proposed New Name After this Marriage (First, Middle, Last, Suffix)				65. Social Security Number*	
66. Number of this Marriage: (First, Second, etc.)		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 (mm/dd/yyyy)	69. Name of Former Spouse (First, Middle, Last, Suffix)				
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	

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