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

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

Party B ***(check one:)*** ☐ **Bride** ☐ **Groom** ☐ **Spouse** *(Please complete the Parental Consent form if Party B is less than the age of 18.)*				*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	43. Sex: ☐ Male ☐ Female
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: ☐ Death ☐ Divorce ☐ Annulment		
68. Date Last Marriage Ended *(mm/dd/yyyy)*	69. Name of Former Spouse *(First, Middle, Last, Suffix)*			
70. Name and Location of Court **or** City/State and Country of Death				
71. Is Party B registered with the State of Maine as a Domestic Partner? ☐ Yes ☐ No				
72. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins? ☐ Yes ☐ No				
Signed Certification ~ 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.

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Party A ***(check one:)*** ☐ **Bride** ☐ **Groom** ☐ **Spouse** *(Please complete the Parental Consent form if Party A is less than the age of 18.)*				*Proposed Date of Marriage:*
1. Current Name *(First, Middle, Last, Suffix)*				
2. Name Prior to First Marriage *(First, Middle, Last, Suffix)*				
3. Birthplace State	4. Birthplace Country	5. Date of Birth *(mm/dd/yyyy)*	6. Age	7. Sex: ☐ Male ☐ Female
8. Father/Parent Name Prior to First Marriage *(First, Middle, Last, Suffix)*			9. Birthplace State	10. Country
11. Mother/Parent Name Prior to First Marriage *(First, Middle, Last, Suffix)*			12. Birthplace State	13. Country
14. Party A Residence Address *(Street number, name and/or designator)*			15. City/Town	
16. County	17. State	18. Country		19. Zip Code
20. Party A Mailing Address *(Street or PO) (Apt/Unit)*			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 *(If applicable)*		
28. Party A Proposed New Name After this Marriage *(First, Middle, Last, Suffix)*				29. Social Security Number*
30. Number of this Marriage: *(First, Second, etc.)*		31. If Previously Married, Last Marriage Ended by: ☐ Death ☐ Divorce ☐ Annulment		
32. Date Last Marriage Ended *(mm/dd/yyyy)*	33. Name of Former Spouse *(First, Middle, Last, Suffix)*			
34. Name and Location of Court **or** City/State and Country of Death				
35. Is Party A registered with the State of Maine as a Domestic Partner? ☐ Yes ☐ No				
36. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins? ☐ Yes ☐ No				
Signed Certification ~ 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

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