

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 – 17<sup>th</sup> floor  
1 Ashburton Place  
Boston, MA 02108  
(617) 727-2836

	RECEIVED	YES	NO	NOT APPLICABLE
MEDICAL CERTIFICATES (2)		<input type="checkbox"/>	<input type="checkbox"/>	
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"/>