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

Please type or clearly print with black ink

Party A (check one:)   Bride Groom Spouse Proposed Date of Marriage:  (Please complete the Parental Consent form if Party A is less than the age of 18.)										
1. Current Name (First, Middle, Last, Suffix)										
2. Name Prior to Fir	st Marriag	e (First, Middle, 1	Last, Su	iffix)	7.7					
3. Birthplace State 4. Birthplace Country 5. Da				e of Bi	rth (mm/dd/yy)			7. Sex:  Male Female Nonbinary X		
8. Father/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 9. Birthplace State 10. Country							10. Country			
11. Mother/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 12. Birthplace State 13. Country							13. Country			
14. Party A Residence Address (Street number, name and/or designator) 15. City/Town										
16. County	6. 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?										
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						te 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						te				

<sup>\*</sup>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

Party B (check one:)											
37. Current Name (F)					507			T-Nati - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
38. Name Prior to Fir	st Marriag	e (First, Middle	. Last, S	Suffix)							
39. Birthplace State 40. Birthplace Country 41. D				Date of Birth (mm/dd/yyyy) 42.				Age 7. S	7. Sex:   Male  Female  Nonbinary X		
44. Father/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 45. Birthplace State 46. Country								Country			
47. Mother/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 48. Birthplace State 49. Coun							Country				
50. Party B Residence Address (Street number, name and/or designator) 51. City/Town											
52. County	2. County 53. State				54. Country				55.	Zip Code	
56. Party B Mailing Address (Street or PO) (Apt/Unit)					57. City/Towr						
58. County	8. 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 Marria	ge Ended (	(mm/dd/yyyy) (	69. Nai	me of Fo	ormer Spouse	First					
70. Name and Locati	on of Cour	t <u>or</u> City/State a	and Cou	intry of	Death	*****	.=.				
71. Is Party B registe	ered with th	ne State of Main	ie as a D	Domestic	Partner? 🗆 Y	es	□ No				
72. First cousins are required by law to obtain a certificate of genetic counseling by a physician. Are you first cousins?											
Signed Certification that I am free to man marriages performed	ry under th	he laws of Mair	inform ne. I ur	ation ab nderstan	ove is correct t d this "intention						
Signature of Party B  Date Sign						igned					
The above-named pa											
Notaries, please do not use a notary seal, embosser or stall Signature of Notary Public or Filing Official					Printed Name				Date Signed		
My Term Expires   City/Town   County   State											

<sup>\*</sup>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 Intentions of Marriage Non-Confidential (Public) Information

Today's Date:
Date Intentions Filed (mm/dd/yyyy):
Place Intentions Filed (Issuing office):
Party A
Current First Name, Middle Name(s), Last Name, Suffix (Jr., etc.)
Party B
Current First Name, Middle Name(s), Last Name, Suffix (Ir., etc.)

According to Maine law, the names of the parties and the intended date of marriage are public records and the "page 3" is available for public inspection and that the names and intended date is included in the annual municipal report on vital statistics. (19-A M.R.S. §651 and 22 M.R.S. §2706).

## 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 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.