## 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:)										
1. Current Name (First, Middle, Last, Suffix)										
2. Name Prior to First Marriage (First, Middle, Last, Suffix)										
3. Birthplace State	ate 4. Birthplace Country 5. Dat				rth (mm/dd/yyy	vy) 6.	Age	7. S	Sex: □ Male □ Female	
8. Father/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 9. Birthplace							thplace S	State	10. Country	
11. Mother/Parent Name Prior to First Marriage (First, Middle, Last,						12. Bir	thplace S	State	13. Country	
14. Party A Residence Address (Street number, name and/or					esignator)	15. Cit				
16. County	17. State			18. Country				19. Zip Code		
20. Party A Mailing	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) 2'						27. Party A E-mail Address ( <i>If applicable</i> )				
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	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.

## 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:)								l Date of Marriage:			
(Please complete the Parental Consent form if Party B is less than the age of 18.)  37. Current Name (First, Middle, Last, Suffix)											
38. Name Prior to First Marriage (First, Middle, Last, Suffix)											
39. Birthplace State	thplace State 40. Birthplace Country 41. Date of Birth (					yyy)   42. Age   4			43. Sex: ☐ Male ☐ Female		
44. Father/Parent Name Prior to First Marriage (First, Middle, Last, Suffix) 45.							Birthpl	ace State	46. Country		
47. Mother/Parent Name Prior to First Marriage (First, Marriage)					<i>iddle, Last, Suffix)</i> 48. Birth			ace State	49. Country		
50. Party B Residence Address (Street number, name and					designator) 51. City/Town			own			
52. County	ty 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 (A							ess (If app	plicable)			
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?											
<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								D	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				ate		

\*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.