Intention Number:_____



The Commonwealth Of Massachusetts Department Of Public Health Registry Of Vital Records And Statistics

Supplement To Notice Of Intention Of Marriage

Chapter 64, Acts of 1998, requires that every couple filing an application to marry in Massachusetts provide the following information. All information on this form must be completed prior to issuance of a marriage license in Massachusetts. [See also MGL Chapter 207, Section 20]

Complete one column for each person intending to marry.

Party A		Party B		
Present name as it appears on Intention:		Present r	name as it appears or	n Intention:
First Middle	Last	First	Middle	Last
Residence:		Residence:		
(Number and Street)		(Number and Street)		
(City/Town) (State/Country)	Zip code	(City/Town)	(State/Country)	Zip code
Social Security Number:		Social Security Number:		
If a SSN has never been issued, specify reason below (example: Person does not reside in the United States):		If a SSN has never been issued, specify reason below (example: Person does not reside in the United States):		
We state that all of the information give	en above is true.	and we understand	that all statements ar	e made under
the penalties of perjury.				
Signature	Date Signed	Signature		Date Signed

The Supplement to the Notice of Intention of Marriage is <u>NOT</u> a public record. No copy will be maintained in the office of the city or town clerk. The original form is forwarded to the State Registry of Vital Records and Statistics. The information in the supplement may be made available for the purposes of child support enforcement and to other such state of federal agencies as may be required by state or federal law.