



Name of City or Town: _____

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 the issuance of a marriage license in Massachusetts.

Complete one column for each person intending to marry.

Party A			Party B		
Present name as it appears on the Intention:			Present name as it appears on the 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: Does not reside in the United States).			If a SSN has never been issued, specify reason below (example: Does not reside in the United States).		
<i>We state that all of the information given above is true and we understand that all statements are made under the penalties of perjury.</i>					
Signature		Date Signed	Signature		Date Signed

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

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