

**INFORMATION ONLY**

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.

**Party A**

**Party B**

Present name as it appears on Intention:

Present name as it appears on 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.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*We state that all of the information given above is true, and we understand that all statements are made under the penalties of perjury.*

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 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 or federal agencies as may be required by state or federal law.

**PRINT OR TYPE IN BLACK INK**