



Kristin Foote  
City Clerk

562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4113

*For office use only:*

<b>Intention #:</b> _____	<b>Wedding Date:</b> _____
<b>Restricted File:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Solemnizer Certificate Required:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Intention Appointment:</b> Day: _____ Date: / / Time: _____	<b>City of Melrose Justice of the Peace Wedding details:</b> Day: _____ Date: / / Time: _____
<b>Intention Expiration Date:</b> / /	

**Marriage Intention Application Instructions**

1. All fields are required to be completed. **Blank fields, abbreviations, initials, etc. are not acceptable. Please write "n/a" or, not applicable, in the appropriate section. Incomplete applications will be returned.**
2. Submit your completed form as a pdf to [clerks@cityofmelrose.org](mailto:clerks@cityofmelrose.org), along with your one-day solemnization certificate, if applicable. Out of state clergy/justice-of-the-peace must file a non-resident, out-of-state petition with the Secretary of the Commonwealth. Further information may be found [here](#).
3. Upon receipt of a completed application, **the clerk's office will contact you** to arrange an appointment for both parties to visit the office (except in cases where one person is in the military or is incarcerated) to carefully review the prepared legal documents, provide signatures, take a legally required oath and submit a filing payment of \$35.00. Cash, check, credit and money order are accepted. The appointment takes approximately 15 minutes.

***NOTE:*** In Massachusetts, there is a 3-day statutory (mandatory) wait period between the date/time the intention is filed with our office and when the license may be issued. A Notice of Intention of Marriage may be filed no more than 60 days before the marriage is to take place and will become void if not used within those 60 days. *\*Please keep these timeframes in mind when planning your wedding.*

	PARTY A	PARTY B
<i>Please note that the following information provided should be the same as what appears on your birth record or court document</i>		
1	<b>Legal First Name:</b>	<b>Legal First Name:</b>
2	<b>Legal Middle Name:</b>	<b>Legal Middle Name:</b>
3	<b>Legal Last Name:</b>	<b>Legal Last Name:</b>
4	<b>LAST name to be used <u>after marriage</u>:</b>	<b>LAST name to be used <u>after marriage</u>:</b>
5	<b>Date of Birth (mm/dd/yyyy):</b>	<b>Date of Birth (mm/dd/yyyy):</b>
6	<b>Current Age:</b>	<b>Current Age:</b>
7	<b>Occupation:</b>	<b>Occupation:</b>
8	<b>Phone #:</b>	<b>Phone #:</b>
9	<b>Email Address:</b>	<b>Email Address:</b>



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10	<b>Current Address (including apartment number)</b> <ul style="list-style-type: none"> <li>• Address _____</li> <li>• City/Town: _____</li> <li>• State: _____ Zip Code: _____</li> </ul>	<b>Current Address (including apartment number)</b> <ul style="list-style-type: none"> <li>• Address _____</li> <li>• City/Town: _____</li> <li>• State: _____ Zip Code: _____</li> </ul>
11	<b>Address after marriage:</b> <input type="checkbox"/> Check here if your address after marriage will be the same as it appears above for <b>both</b> Party A & B.	
12	<b>Is this your 1<sup>st</sup> Marriage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Is this your 1<sup>st</sup> Marriage?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
13	<b>If you answered NO in #12 , please complete below:</b> This marriage will be your 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / _____ and select reason: <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED	<b>If you answered NO in #12 , please complete below:</b> This marriage will be your 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / _____ and select reason: <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
14	<b>If divorced, please provide the date the divorce was final?</b>	<b>If divorced, please provide the date the divorce was final?</b>
15	<b>Social Security #:</b> _____ - _____ - _____ <input type="checkbox"/> Check here if you do not have a state issued SS# and specify reason: _____	<b>Social Security #:</b> _____ - _____ - _____ <input type="checkbox"/> Check here if you do not have a state issued SS# and specify reason: _____
16	<b>Birthplace:</b> <ul style="list-style-type: none"> <li>• City/Town: _____</li> <li>• State: _____</li> <li>• Country: _____</li> </ul>	<b>Birthplace:</b> <ul style="list-style-type: none"> <li>• City/Town: _____</li> <li>• State: _____</li> <li>• Country: _____</li> </ul>
17	<b>Were your parents married at the time of your birth:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Were your parents married at the time of your birth:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
18	<b>Mother's First Name:</b>	<b>Mother's First Name:</b>
19	<b>Mother's Middle Name:</b>	<b>Mother's Middle Name:</b>
20	<b>Mother's Current Last Name:</b>	<b>Mother's Current Last Name:</b>
21	<b>Mother's Last Name <u>at Birth</u>:</b>	<b>Mother's Last Name <u>at Birth</u>:</b>
22	<b>Father's First Name:</b>	<b>Father's First Name:</b>
23	<b>Father's Middle Name:</b>	<b>Father's Middle Name:</b>
24	<b>Father's Current Last Name:</b>	<b>Father's Current Last Name:</b>
25	<b>Father's Last Name <u>at Birth</u>:</b>	<b>Father's Last Name <u>at Birth</u>:</b>



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26	Are you currently in the military or working in public safety? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently in the military or working in public safety? <input type="checkbox"/> YES <input type="checkbox"/> NO
27	Have you ever been a member of a: • Civil Union <input type="checkbox"/> YES <input type="checkbox"/> NO • Domestic Partnership <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been a member of a: • Civil Union <input type="checkbox"/> YES <input type="checkbox"/> NO • Domestic Partnership <input type="checkbox"/> YES <input type="checkbox"/> NO
28	Are you related to Party B by blood or marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related to Party A by blood or marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO
29	List available dates for Intention appointment: _____ Select time preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	List available dates for Intention appointment: _____ Select time preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<b>Please complete sections 30 through 36 <u>only</u> if you already have an officiant and venue:</b>		<b>Please complete <u>only</u> the sections below if you would like to get married by the City of Melrose Justice of the Peace at City Hall:</b>
30	Wedding Date: _____	<b>List available dates and times for:</b> • Marriage Dates: _____ • Select time preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
31	Place of Marriage • Facility Name: _____ • Address: _____ • City/Town: _____ • Massachusetts, Zip Code: _____	
32	Officiant's Full Name: _____	Will you be exchanging rings? <input type="checkbox"/> YES <input type="checkbox"/> NO
33	Officiant's Title: <i>(Justice of the Peace, Member of Clergy, One Day Solemnizer, etc.)</i>	
34	If your officiant is a <b>One Day Solemnizer</b> , please complete this section: <input type="checkbox"/> By checking here you acknowledge that you are aware that a copy of the One Day Solemnization certificate issued by the <i>Secretary of the Commonwealth of Massachusetts</i> must be submitted to the City Clerk's Office <b>at least 10 days prior to wedding date and the original certificate must be returned by the officiant along with the signed license for official recording within 10 days of marriage.</b>	
35	Officiant's Home Address: • Address: _____ • City/Town: _____ • Massachusetts, Zip Code: _____	
36	Officiant's Telephone Number: _____	