



*Office of the Town Clerk*  
26 Central Street, Ste. 8  
West Springfield, MA 01089 USA  
Otto J. Frizzell, Town Clerk  
Phone: 1-413-263-3012

### WHEN FILING INTENTIONS OF MARRIAGE

(each party to the intended marriage shall complete one column of the Notice of Intention) Parties decide for themselves who will be Party A and who will be Party B

Intentions of Marriage may be filed between the hours of 8:00 a.m. to 4:00 p.m. in the office of the Town Clerk. The couple must appear together (except for cases when one of the parties is in the military or incarcerated) at least three business days before the ceremony. The cost, payable in cash, check, or money order upon filing of intentions is \$30. Effective Dec. 1, 2009, by vote of council on Nov. 4, 2009.

#### Each must know the following: INFORMATION

PARTY A (Please Print)		PARTY B (Please Print)	
3. PRESENT NAME: (First, Middle, Last)		11. PRESENT NAME: (First, Middle, Last)	
_____		_____	
3A. SURNAME TO BE USED AFTER MARRIAGE:		11A. SURNAME TO BE USED AFTER MARRIAGE:	
_____		_____	
4. DATE OF BIRTH: (Month,Day,Year)	4A. AGE:	12. DATE OF BIRTH (Month,Day,Year)	12A. AGE:
_____	_____	_____	_____
5. OCCUPATION: _____		13. OCCUPATION: _____	
6. RESIDENCE: _____		14. RESIDENCE: _____	
(Number and Street)		(Number and Street)	
_____		_____	
(City/Town, State/Country, Zip Code)		(City/Town, State/Country, Zip Code)	
7. THIS MARRIAGE # (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ): _____	7A. Status of last marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Void or annulled by court order <input type="checkbox"/> Void, under former GL c.207/§11 or by operation of law at time of marriage If void, please provide clerk with evidence (see reverse)	15. THIS MARRIAGE # (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ): _____	15A. Status of last marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Void or annulled by court order <input type="checkbox"/> Void, under former GL c.207/§11 or by operation of law at time of marriage If void, please provide clerk with evidence (see reverse)
7B. Am/was member of: <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership (State/Country) _____		15B. Am/was member of: <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership (State/Country) _____	
7C. If so, dissolved? <input type="checkbox"/> Yes <input type="checkbox"/> No		15C. If so, dissolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. BIRTHPLACE: (City/Town)    (State/Country)		16. BIRTHPLACE: (City/Town)    (State/Country)	
_____   _____		_____   _____	
9. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)		17. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)	
_____   _____		_____   _____	
10. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)		18. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)	
_____   _____		_____   _____	
22. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		23. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
24. RELATED by blood or marriage to Party B? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____		25. RELATED by blood or marriage to Party A? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____	

Social Security Numbers of both parties applying for Marriage License