

INTENTION NO.:

CERTIFICATE EXPIRATION DATE ____/____/____

TOWN OF REHOBOTH, MASSACHUSETTS
MARRIAGE WORKSHEET

NAME PARTY A: _____ ☐ FEMALE ☐ MALENAME PARTY B: _____ ☐ FEMALE ☐ MALE

PLANNED DATE OF MARRIAGE: _____/_____/_____

PLANNED PLACE OF MARRIAGE: _____

Facility Name

Address – Street and Number

City

Zip Code

WERE YOUR PARENTS MARRIED WHEN YOU WERE BORN?

PARTY A: _____ PARTY B: _____

Circle One:

CURRENT TELEPHONE NUMBER: (_____) _____ - _____ (Party A or B ?)

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER MARRIAGE:

Street and Number

City

State

Zip Code

TELEPHONE AFTER MARRIAGE: (_____) _____ - _____

NAME OF OFFICIANT: _____

PHONE NUMBER OF OFFICIANT: (_____) _____ - _____

ADDRESS OF OFFICIANT: _____

Address – Street and Number

City

State

Zip Code

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

Secretary of State, Commissions Division

McCormack Building – 17th Floor

1 Ashburton Place

Boston, MA 02108

(617) – 727-2836

RECEIVED

YES

NO

NOT APPLICABLE

AGE ORDER

☐☐☐

COURT WAIVER

☐☐☐

COMMISSION

☐☐☐