

**STATE OF NEW HAMPSHIRE**  
**Worksheet for Preparing**  
**INTENTION OF MARRIAGE**

**Print plainly with ink. Every Item should be carefully completed.**

**PERSON A**     GROOM     BRIDE     SPOUSE    (Check One)

1a. LEGAL NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			1b. LAST NAME AT BIRTH <i>(Maiden Surname)</i>			2. DATE OF BIRTH <i>(Month, Day, Year)</i>			2a. SOCIAL SECURITY NUMBER				
2b. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3d. RESIDENCE—STREET AND NUMBER						3b. COUNTY (Required if U.S. Resident)						3c. STATE (or Foreign Country)					
3a. RESIDENCE—CITY, TOWN OR LOCATION												4. BIRTHPLACE (State or Foreign Country)							
5a. FATHER'S/PARENT'S NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			LAST NAME AT BIRTH <i>(Maiden Surname)</i>			5b. BIRTHPLACE (State or Foreign Country)							
6a. MOTHER'S/PARENT'S NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			LAST NAME AT BIRTH <i>(Maiden Surname)</i>			6b. BIRTHPLACE (State or Foreign Country)							

**PERSON B**     BRIDE     GROOM     SPOUSE    (Check One)

7a. LEGAL NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			7b. LAST NAME AT BIRTH <i>(Maiden Surname)</i>			8. DATE OF BIRTH <i>(Month, Day, Year)</i>			8a. SOCIAL SECURITY NUMBER				
8b. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		9d. RESIDENCE—STREET AND NUMBER						9b. COUNTY (Required if U.S. Resident)						9c. STATE (or Foreign Country)					
9a. RESIDENCE—CITY, TOWN OR LOCATION												10. BIRTHPLACE (State or Foreign Country)							
11a. FATHER'S/PARENT'S NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			LAST NAME AT BIRTH <i>(Maiden Surname)</i>			11b. BIRTHPLACE (State or Foreign Country)							
12a. MOTHER'S/PARENT'S NAME <i>First</i>			<i>Middle</i>			<i>Last</i>			LAST NAME AT BIRTH <i>(Maiden Surname)</i>			12b. BIRTHPLACE (State or Foreign Country)							

**CLERK**

<b>WAIVERS PRESENTED:</b>		<b>ADDITIONAL DOCUMENTATION PRESENTED</b>		<b>PERSON A</b>		<b>PERSON B</b>	
15d. AGE _____ Person A		<ul style="list-style-type: none"> <li>• ANNULMENT</li> <li>• PROOF OF AGE</li> <li>• DIVORCE DECREE</li> <li>• DEATH RECORD OF SPOUSE</li> <li>• CIVIL UNION DISSOLUTION DECREE</li> </ul>		_____		_____	
_____ Person B				_____		_____	
<i>Age Waivers not permitted for same gender marriages per: RSA 457:4</i>				_____		_____	
				_____		_____	
				_____		_____	

**Include this Marriage Event in our Local City or Town Annual Resident Report (if applicable) ( ) Yes ( ) No**

**PERSON A**

Has Person A ever been Married or Joined in a Civil Union to any individual in NH, another STATE or FOREIGN Country? Please Specify: ( ) Yes ( ) No

STATISTICAL/LEGAL INFORMATION						EDUCATION	
25. NUMBER OF THIS MARRIAGE/CIVIL UNION <i>First, Second, etc. (Specify Below)</i>	26. IF PREVIOUSLY MARRIED, OR CIVIL UNION, LAST MARRIAGE/CIVIL UNION ENDED BY:		27. RACE—American Indian, Black, White, etc. <i>(Specify Below)</i>	ANCESTRY—English French, Puerto Rican, etc. <i>(Specify below)</i>	Elementary/Secondary		College (1-4 or 5+)
	By Death, Divorce, Annulment or Dissolution	Date (Month, Day, Year)					
25a. <b>P</b>	26a. <b>E</b>	26b. <b>R</b>	27a. <b>S</b>	27c. <b>O</b>	<b>N</b>	28a. <b>A</b>	

**PERSON B**

Has Person B ever been Married or Joined in a Civil Union to any individual in NH, another STATE or FOREIGN Country? Please Specify: ( ) Yes ( ) No

STATISTICAL/LEGAL INFORMATION						EDUCATION	
25. NUMBER OF THIS MARRIAGE/CIVIL UNION <i>First, Second, etc. (Specify Below)</i>	26. IF PREVIOUSLY MARRIED, OR CIVIL UNION, LAST MARRIAGE/CIVIL UNION ENDED BY:		27. RACE—American Indian, Black, White, etc. <i>(Specify Below)</i>	ANCESTRY—English French, Puerto Rican, etc. <i>(Specify below)</i>	Elementary/Secondary		College (1-4 or 5+)
	By Death, Divorce, Annulment or Dissolution	Date (Month, Day, Year)					
25b. <b>P</b>	26c. <b>E</b>	26d. <b>R</b>	27b. <b>S</b>	27d. <b>O</b>	<b>N</b>	28b. <b>B</b>	

**Please note the following as you complete this form:**  
 According to N.H. Statute RSA 5C:14 "Any person shall be guilty of a **Class B felony** if he: willfully and knowingly makes any false statement in a certificate, record, or report required to be filed by statute or in an application for an amendment thereof or in an application for a certified copy of a vital record, or who *willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof*".