



**Maine Center for Disease
Control and Prevention**
An Office of the
Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
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**State of Maine Intentions of Marriage
Non-Confidential Information**

Date Intentions Filed (MM/DD/YY): _____

PARTY A				
<input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one)				
First Name	Middle Name	Maiden/Birth Surname	Current Last Name	Jr., etc.
PARTY B				
<input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one)				
First Name	Middle Name	Maiden/Birth Surname	Current Last Name	Jr., etc.