



**City of Marlborough, Massachusetts
CITY CLERK DEPARTMENT**

**Lisa M. Thomas
City Clerk**

THIS APPLICATION IS TO BE USED FOR MAIL IN REQUESTS FOR MARRIAGE
INTENTIONS ONLY FILED IN MARLBOROUGH
PLEASE PRINT

FULL NAME
OF PARTY A _____
First Middle Last (Maiden name if applicable)

FULL NAME
OF PARTY B _____
First Middle Last (Maiden name if applicable)

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

RELATIONSHIP TO PERSON
WHOSE CERTIFICATE IS REQUESTED _____

SIGNATURE OF APPLICANT DAYTIME PHONE

If parents were not married at the time of either parties birth or if father's name is not listed on the birth certificate, the record may be restricted; therefore only the individuals named on the record may obtain it and a photocopy of your picture ID, such as your driver's license must be included with this request. If you have any questions please call the office.

The cost is \$10.00 per certificate. Please submit check or money order made payable to "City of Marlborough"