

THIS CERTIFICATE IS NOT TO BE USED OUTSIDE OF MASSACHUSETTS. NOT VALID AFTER:

THIS IS A PERMANENT RECORD. Use only **permanent black ink** or approved black typewriter ribbon. Every item of information must be carefully supplied. ALTERATIONS AND ERASURES IN THIS CERTIFICATE ARE FORBIDDEN; PENALTY FOR VIOLATION, ONE HUNDRED DOLLARS.

MGL c 207, §§ 28, 28A, 48, 49, 54, 57 and c 46, § 18.



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
CERTIFICATE OF MARRIAGE

(State file number)
FALL RIVER
(City or town making return)
Registered No. _____
Intention No. 0

1 Place of Marriage
City or Town _____ 2 Date of Marriage _____
(Do not enter name of village or section of city or town) (Month) (Day) (Year)

3 FULL NAME PARTY A TARA J SULLIVAN		11 FULL NAME PARTY B JENIIFER E MCCARTHY	
3A SURNAME AFTER MARRIAGE		11A SURNAME AFTER MARRIAGE	
4 DATE OF BIRTH NOVEMBER 3, 1985	5 OCCUPATION	12 DATE OF BIRTH AUGUST 13, 1982	13 OCCUPATION
6 RESIDENCE NO. & ST. _____ CITY/TOWN _____ ST. _____ ZIP CODE _____		14 RESIDENCE NO. & ST. _____ CITY/TOWN _____ ST. _____ ZIP CODE _____	
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>0</u>	7A WIDOWED OR DIVORCED	15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>0</u>	15A WIDOWED OR DIVORCED
8 BIRTHPLACE FALL RIVER MASSACHUSETTS (City or town) (State or country)		16 BIRTHPLACE NEWPORT RHODE ISLAND (City or town) (State or country)	
9 NAME OF MOTHER/PARENT		17 NAME OF MOTHER/PARENT	
10 NAME OF FATHER/PARENT		18 NAME OF FATHER/PARENT	
19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of <u>FALL RIVER</u> according to law, this _____ day of _____ 20____ (Name of Community)			
<input type="checkbox"/> COURT WAIVER Issued _____ by _____ (Month) (Day) (Year) (City or Town Clerk or Registrar)			
<input type="checkbox"/> AGE ORDER			

20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. _____ St.
(If marriage was solemnized in a church, give its NAME instead of street and number)
_____ on _____
(Name of city or town) (Month) (Day) (Year)
Signature _____
(Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)

(Print or type name)
Address _____

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21 Certificate recorded by city or town clerk _____
(Month) (Day) (Year) CLERK OR REGISTRAR
22 PARTY A SEX: MALE FEMALE
23 PARTY B SEX: MALE FEMALE

