



# Commonwealth of Massachusetts

## Out of State Non-Resident Clergy - Petition to Solemnize Marriage

**TO: HIS HONOR, THE SECRETARY OF THE COMMONWEALTH**

*Pursuant to and in compliance with G.L. Chapter 207, §39, I hereby petition for authorization to solemnize a marriage within the Commonwealth of Massachusetts as a:*

**PLEASE CHECK ONE**

- Non-resident minister of the Gospel. (including Catholic Priests)
- Authorized representative of a Spiritual Assembly of the Baha'is
- A commissioned cantor or duly ordained rabbi of the Jewish Faith.
- Imam of the Orthodox Islamic religion.
- Duly ordained priest or minister of the Buddhist religion.
- Leader of an Ethical Culture Society which is recognized by the American Ethical Union and who is duly appointed and in good and regular standing with the American Ethical Union.
- Minister in fellowship with the Unitarian Universalist Association and ordained by a local church.
- A justice of a court or a Justice of the Peace authorized to solemnize a marriage by virtue of their office within their state of residence.
- In a regular or special meeting for worship conducted by or under the oversight of a Friends or Quaker Monthly Meeting in accordance with the usage of their Society.
- Other: \_\_\_\_\_

*PLEASE TYPE OR PRINT NEATLY*

**Solemnizer's full name:** \_\_\_\_\_

**Out of state residence:** \_\_\_\_\_

*Street*

*City/Town*

*State/Zip*

*Day Phone*

*Evening Phone*

**Party A's full name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

*Street*

*City/Town*

*State/Zip*

*Day Phone*

*Evening Phone*

**Party B's full name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

*Street*

*City/Town*

*State/Zip*

*Day Phone*

*Evening Phone*

**Date of marriage:** \_\_\_\_\_

**Location of marriage:** \_\_\_\_\_

*I certify that the above information is a true statement made in compliance with G.L. Chapter 207, §39, and under the penalties of perjury.*

*I understand that I am responsible to file the Solemnization Certificate (that I will receive as a result of this Petition) with the appropriate City or Town clerk where the marriage license has been issued within ten (10) days of the date of the ceremony under penalty of law.*

**Signature of Solemnizer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Send or fax completed application to:* William Francis Galvin, Secretary of the Commonwealth  
Room 1719 - Commissions Section  
One Ashburton Place  
Boston, MA 02108  
(FAX) 617-727-5914

**Please allow 2 - 4 weeks for processing and return of solemnization certificate.  
Please do not submit application more than six(6) weeks in advance.**