



TO THE CITY REGISTRAR OF BOSTON

I, _____ the undersigned, a registered physician in the Commonwealth of Massachusetts, do hereby certify that _____ is seriously ill and unable to appear at the Registry Division of The City of Boston to file an intention of marriage in accordance with provisions of the Massachusetts General Laws, Chapter 207, Section 20.

Also, in accordance with Massachusetts General Laws, Chapter 207, Section 30, I am requesting that the three day waiting period be waived.

Patient currently is (name of hospital/facility or at home) _____

Physician's Signature _____

Physician's License # _____

The above statements are made under penalty of perjury.

Date: _____

*Chapter 207 Sect 20 marriage waiver letter with Sect 30 waves the 3 Day Wait for the Marriage License to be issued
Please contact the Boston Registry if you have any questions registry@boston.gov 617-635-4185
Boston Registry –One City Hall Square Room 213, Boston, MA 02201 www.boston.gov/marriage*