Rhode Island Marriage or Civil Union Worksheet

INFORMATION FOR LEGAL PURPOSES ▪ CHECK ONE: ☐ MARRIAGE ☐ CIVIL UNION

GROOM / PARTY A

Date of Application _____ Sex _____

Current Name _____

Last Name on Birth Certificate (if different) _____

Current Mailing Address
(street address or PO box, city or town, state, zip code)

_____

_____

City/Town, State of Residence (if different) _____

State of Birth (if not USA, name country) _____

Date of Birth (month, day, year) _____

Age on Last Birthday _____

Are You Currently under Legal Guardianship? ___ Yes ___ No

Social Security Number* ___ ___ ___ - ___ ___ - ___ ___ ___ ___

New Last Name upon Marriage / Civil Union _____

Mother or Parent's Full Birth Name _____

State of Mother or Parent's Birth _____
(if not USA, name country)

Father or Parent's Full Birth Name _____

State of Father or Parent's Birth _____
(if not in USA, name country)

BRIDE / PARTY B

Date of Application _____ Sex _____

Current Name _____

Last Name on Birth Certificate (if different) _____

Current Mailing Address
(street address or PO box, city or town, state, zip code)

_____

_____

City/Town, State of Residence (if different) _____

State of Birth (if not USA, name country) _____

Date of Birth (month, day, year) _____

Age on Last Birthday _____

Are You Currently under Legal Guardianship? ___ Yes ___ No

Social Security Number* ___ ___ ___ - ___ ___ - ___ ___ ___ ___

New Last Name upon Marriage / Civil Union _____

Mother or Parent's Full Birth Name _____

State of Mother or Parent's Birth _____
(if not USA, name country)

Father or Parent's Full Birth Name _____

State of Father or Parent's Birth _____
(if not in USA, name country)

The information requested below is required by law but is not issued on certified copies of marriage or civil union records unless requested by the Groom / Party A or Bride / Party B.

GROOM / PARTY A

Number of This Marriage, Civil Union, or Domestic Partnership (please specify first, second, etc.) _____

If Previously in a Marriage, Civil Union, or Domestic Partnership:
Last Marriage / Union / Partnership Ended By (please specify death, divorce, dissolution, or annulment) _____

Date Last Marriage / Union / Partnership Ended (month, day, year)

_____

BRIDE / PARTY B

Number of This Marriage, Civil Union, or Domestic Partnership (please specify first, second, etc.) _____

If Previously in a Marriage, Civil Union, or Domestic Partnership:
Last Marriage / Union / Partnership Ended By (please specify death, divorce, dissolution, or annulment) _____

Date Last Marriage / Union / Partnership Ended (month, day, year)

_____

Being aware that a penalty of one thousand dollars ($1,000) or a year imprisonment or both is provided for in Rhode Island law for furnishing false information to go on a vital record, I hereby certify that the information provided above is correct.

_____
Signature of Groom / Party A Date of Signature

Name of Person Completing Information, if Not Groom / Party A

_____

_____
Signature of Bride / Party B Date of Signature

Name of Person Completing Information, if Not Bride / Party B

_____

INFORMATION TO ASSIST IN REGISTERING YOUR MARRIAGE OR CIVIL UNION RECORD

Name, Address, and Phone Number of Clergy or court official who will perform marriage or civil union, if known: _____

_____

For Office Use Only: Type of Document and ID# Used for Identification (for example, birth certificate, passport etc.)

Groom / Party A: _____ Bride / Party B: _____

*Required by Section 23-3-9(d) of the General Laws of RI, 1956, as amended. The social security numbers will not appear on the record.

Please turn over →

CONTINUED FROM FRONT

Name, Address, and Phone Number of Church, office, or home where marriage or civil union will take place, if known: _____

_____

Date and City or Town planned for marriage or civil union ceremony (note: license expires three months after issuance): _____

_____

Name of witnesses, if known: _____

Phone Number of Groom / Party A: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Bride / Party B: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___