



State of Rhode Island Marriage Worksheet

Party A **Bride** **Groom** **Spouse**

Date of application _____

Current name _____

Last name on birth certificate (if different) _____

Current Mailing Address _____

Street/PO box _____

City/Town _____

State _____ ZIP _____

City/Town, state of residence (if different) _____

State of birth (if not US, name country) _____

Date of birth _____

Male Female Age _____

Are you currently under legal guardianship? Yes No

Social Security Number* _____ - _____ - _____

Mother/parent's full birth name _____

State of mother/parent's birth (if not US, name country) _____

Father/parent's full birth name _____

State of father/parent's birth (if not US, name country) _____

Party B **Bride** **Groom** **Spouse**

Date of application _____

Current name _____

Last name on birth certificate (if different) _____

Current Mailing Address _____

Street/PO box _____

City/Town _____

State _____ ZIP _____

City/Town, state of residence (if different) _____

State of birth (if not US, name country) _____

Date of Birth _____

Male Female Age _____

Are you currently under legal guardianship? Yes No

Social Security Number* _____ - _____ - _____

Mother/parent's full birth name _____

State of mother/parent's birth (if not US, name country) _____

Father/parent's full birth name _____

State of father/parent's birth (if not US, name country) _____

The information requested below is required by law.

It is not issued on certified copies of marriage records unless requested by Party A or Party B.

Party A

Number of previous marriages/civil unions/domestic partnerships _____

Last marriage/union/partnership ended by _____

(Specify death, divorce, dissolution, or annulment.)

Date last marriage/union/partnership ended) _____

Party B

Number of previous marriages/civil unions/domestic partnerships _____

Last marriage/union/partnership ended by _____

(Specify death, divorce, dissolution, or annulment.)

Date last marriage/union/partnership ended _____

Being aware that a penalty of \$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.

Signatures below must be done in the presence of a city/town clerk.

SIGN IN PRESENCE OF CITY/TOWN CLERK

Signature of Party A _____ Date of Signature _____

Phone number, Party A (_____) _____ - _____

Name of person completing information, if not Party A: _____

SIGN IN PRESENCE OF CITY/TOWN CLERK

Signature of Party B _____ Date of Signature _____

Phone number, Party B (_____) _____ - _____

Name of person completing information, if not Party B: _____

Additional Information to Assist in Registering Your Marriage Record

Officiant who will perform marriage (if known)

Name _____

Address _____

Phone number (_____) _____ - _____

Church/Office/Home where marriage will take place (if known)

Name _____

Address _____

Phone number (_____) _____ - _____

Marriage Ceremony

Date, if known _____

City/town of marriage ceremony, if known _____

Witnesses (if known)

Witness 1: _____

Witness 2: _____

Marriage license expires three months after it is issued.

For Official Use Only

Type of document and ID number used for identification (birth certificate, passport, etc.)

Party A: _____

Party B: _____