



# 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: \_\_\_\_\_