

**Please Print Clearly**

Rhode Island Department of Health, Division of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908-5097

**Application for a Certified Copy of a Marriage Record**

**Please complete ALL items 1-5 below:**

1. Please fill in the information below for the person whose marriage record you are requesting:

Full name of groom \_\_\_\_\_

Full name of bride \_\_\_\_\_

Full maiden name of bride (if different) \_\_\_\_\_

Date of marriage \_\_\_\_\_ Place of marriage (city/town) \_\_\_\_\_

2. Please complete one of the following:

I am applying for the marriage record of:

my own marriage record       my mother or father       my child

my grandparents       my brother or sister

my client. I'm an attorney representing \_\_\_\_\_. The name of the law firm is \_\_\_\_\_.

another person (please specify): \_\_\_\_\_

3. Why do you need this record? (We ask this question so that we can supply you with a certified copy that will be suitable for your needs.)

update records       health insurance       foreign government       vets benefits

legal purposes       other use (specify): \_\_\_\_\_

4. **Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

How many copies do you want? \_\_\_\_\_ (Payable to: General Treasurer of RI)

5. I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).

Please sign \_\_\_\_\_  
signature of person completing this form      date signed

Print your name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
phone #

Print your address \_\_\_\_\_  
street or mailing address      city/town      state      zip code

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