



# 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.

**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_