

PARTY A

Rhode Island Department of Health Marriage Worksheet

Spouse □

Date of Application:

Groom □

Bride

Title Preference:

Name-First			Middle		Last		Suffix	
Maiden Name/Last Name at Birth:			Sex (M, F, X) Date of Bi		(month-date- year) Birthplace		(state or foreign country)	
Residence Address (street, city or town, state, zip code)								
Social Security Number Phone Number				Email Address				
Presently Married? Yes □ No □ Number of previous marriages/civil upartnerships:				☐ Death ☐ Divorce ☐				rtnership Ended By
Date last marriagended:	ge/civil union/ dom	estic partnershi	' '	ently under legal guardianship? Name of perso		n completing informati	ion, if not Party A:	
Parent-Title Mother Father Parent	Parent 1 – First N	lame		Last Name at Birth/Maiden Name		Birthplace (state or foreign country)		
Parent-Title Mother Father Parent Parent	Mother				Last Name at Birth/Maiden Name		Birthplace (state or foreign country)	
PARTY B	Title Prefe	arence:	Bride □	Groom □	Spouse □	Date of /	Application:	
			Middle	Last		тррпсацоп.	Suffix	
1.00								
Maiden Name/Last Name at Birth: Sex (M, F,				Date of Birth (month-date- year)	Birthplace (state or foreign country		untry)
Residence Address (street, city or town, state, zip code)								
Social Security Number Phone Number Email Address								
Presently Married? Number of previous marriages/civil upartnerships:								rtnership Ended By
and adv				ntly under legal guardianship? Name of person completing □ No □			n completing informati	ion, if not Party B:
Parent-Title Parent 1 – First Name Mother □ Father □ Parent □				Last Name at Birth/Maiden Name			Birthplace (state or foreign country)	
Parent-Title Mother Father Parent	Parent 2 – First Name			Last Name at Birth/Maiden Name			Birthplace (state or foreign country)	
SIGNATURES • Any persons who willfully and knowingly furnishing false information intending that this false information be used in the preparation of a vital record shall be punished by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one year, or both. (RIGL§ 23-3-28) We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Rhode Island. Signatures below must be done in the presence of local registrar								
Party A					Party B			
For office Use Only: Type of document and Id number used for identification and birth facts:								
Party A Birth Facts				TO IGOTHINGARON	Photo ID			
Party B	Birth Facts				Photo ID			