

PARTY A

Name-First

Title Preference:

Rhode Island Department of Health Marriage Worksheet

Spouse □

Last

Date of Application:

Suffix

Groom □

Bride □

Middle

Maiden Name/Last Name at Birth:				Sex (M, F, X)	Date of Birth (month-date- year) Birthplace (state or fore		e (state or foreign co	l untry)		
Residence Address (street, city or town, state, zip code)										
Social Security Number Phone Number					Email Address					
Presently Married? Number of prevents No D partnerships:				ous marriages/civil	unions/ domestic	Last Marriage, Civil Union, or Registered Domestic Partnership Ended By ☐ Death ☐ Divorce ☐ Dissolution				
Date last marria ended:	ge/civil union/ d	omestic par	rtnershi	p Are you curr Yes	ently under legal gu	uardianship? Name of person completing information, if not Party A:				
Parent-Title Mother Father Parent					Last Name at Birth/Maiden Name			Birthplace (state or foreign country)		
Parent-Title Mother Father Parent Parent	Parent 2 – Firs	st Name			Last Name at Birth/Maiden Name			Birthplace (state or foreign country)		
PARTY B	Title Pr	eference		Bride □	Groom 🗆	Spouse □	Date of A	Application:		
Name-First				Middle	ddle		Last		Suffix	
Maiden Name/	Last Name at E	Birth:		Sex (M, F, X)	Date of Birth (month-date- year)	Birthplace	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 No Partnerships: Number of previous marriages/civil unions partnerships:					unions/ domestic	mestic Last Marriage, Civil Union, or Registered Domestic Partnership Ended By Death Divorce Dissolution				
Date last marria ended:	ge/civil union/ d	omestic par	rtnership	Are you curr Yes	ently under legal gu	ardianship? Name of person co		n completing informat	ion, if not Party B:	
Parent-Title Mother Father Parent Parent	Parent 1 – Firs	st Name			Last Name at Birth/Maiden Name			Birthplace (state o	foreign country)	
Parent-Title Mother Father Parent 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					Photo ID				
Party B	Birth Facts					Photo ID				