

Rhode Island Department of Health Marriage Worksheet

PARTY A Title Preference:			nce:	Brid	de 🗆	Groo	m		Spouse □		Date of A	Application:	
Name-First				Midd	dle				Last				Suffix
Maiden Name/Last Name at Birth:					Sex (M, F, X)			f Birth ((month-date- year)		Birthplace (state or foreign country)		ıntry)
Residence Address (street, city or town, state, zip code)													
Social Security	ne Number			Email Address									
Presently Marr Yes □	ous marriages/civil unions/ domestic				Last Marriage, Civil Union, or Registered ☐ Death ☐ Divorce ☐				rtnership Ended By				
Date last marriage/civil union/ domestic partnershi ended:					rip Are you curre Yes [egal gu	ardianship? Name of persor			n completing information, if not Party A:	
Parent-Title Mother Father Parent	Parent 1 – Firs	st Name	•	Last	Nam	ne at Bi	rth/Maiden Name		ļ	Birthplace (state or foreign country)			
Parent-Title Mother Father Parent	Parent 2 – Firs			Last Name at Bir			rth/Maiden Name			Birthplace (state or	foreign country)		
PARTY B	PARTY B Title Preference: Bri						m		Spouse □		Date of A	Application:	
Name-First					dle				Last				Suffix
Maiden Name/Last Name at Birth:					Sex (M, F, X)			f Birth (th (month-date- year)		Birthplace	(state or foreign cou	ıntry)
Residence Add	ress (street, ci	ty or to	wn, state, :	zip co	de)					***************************************			
Social Security Number Phone Number						En			Email Addres	Email Address			
Presently Married? Yes No partnerships: Number of previous marriages/ci						unions/ domestic			Last Marriage, Civil Union, or Registered Domestic Partnership Ended By ☐ Death ☐ Divorce ☐ Dissolution				
Date last marriage/civil union/ domestic partnershi ended:					Are you currently under legal gu Yes □ No □				uardianship? Name of persor			n completing informat	on, if not Party B:
Parent-Title Parent 1 – First Name Mother □ Father □ Parent □						Last	Nam	ne at Bi	rth/Maiden Name			Birthplace (state or foreign country)	
	Parent 2 – First Name						Nam	ne at Bi	th/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	atures	e pe	iow mu	ອເ ນ(OHE	Party B							
For office Us	e Only: Type	of doc	ument an	d ld n	umber used	d for ide	ntifi	cation	and birth facts:				
Party A	Birth Facts		_			Photo ID							
Party B	Birth Facts						Photo ID						