

**Please Type or 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 or Civil Union Record**

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

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

Full name of Groom/Party A: \_\_\_\_\_

Full name of Bride/Party B: \_\_\_\_\_

Full name at birth of Groom/Party A (if different): \_\_\_\_\_

Full name at birth of Bride/Party B (if different): \_\_\_\_\_

Date of marriage: \_\_\_\_\_ City/Town of marriage/civil union: \_\_\_\_\_

Date of civil union: \_\_\_\_\_

2. Please complete one of the following:

I am applying for the marriage/civil union record of:

my own record                       my mother/father/parent                       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               veteran's benefits

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

4. **Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00. Any additional copies of this record purchased this same day cost \$18.00 each.**

How many copies do you want? \_\_\_\_\_ (Make check payable to: City of East Providence)

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 Rhode Island (printed on the reverse side of this form).

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

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

Print your address: \_\_\_\_\_

(include street or mailing address, city/town, state, and zip code)

Type of Picture ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Issued by: \_\_\_\_\_

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

Type of Valid Picture ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Issued by: \_\_\_\_\_

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

State/Local File # \_\_\_\_\_ Amt. rec'd \_\_\_\_\_ Rec't # \_\_\_\_\_ Date sent \_\_\_\_\_ Initials \_\_\_\_\_

Cash   
Check   
Change

Number of first copies Walk-In / Mail-In      Birth      Death      Marriage/Civil Union  
\_\_\_\_\_

Number of additional copies      \_\_\_\_\_

Number of searches      \_\_\_\_\_

Additional years searched      \_\_\_\_\_

FOR STATE USE ONLY: Delayed filing \_\_\_\_\_ Correction \_\_\_\_\_ P/L \_\_\_\_\_ A \_\_\_\_\_

**Section 23-3-28 of the General Laws**

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.