

Rhode Island Department of Health Marriage Worksheet

PARTY A Title Preference:			Bride □ Groom			Spouse □	Date	Date of Application:					
NameFirst				Mido	dle		-	Last				Suffix	
Maiden Name/Last Name at Birth;				Sex (M, F, X)		Date of Birth ((month-date- year)	Birth	Birthplace (state or foreign country)			
Residence Address (street, city or town, state, zip code)													
Social Security Number P					hone Number			Email Address					
Presently Married? Number of prev Yes No partnerships:					ious marriages/civil unions/ domestic			Last Marriage, Civil Union, or Registered Dome				rtnership Ended By	
Date last marriage/civil union/ domestic partnersh ended:					p Are you currently under lega Yes ☐ No [uardianship? Name of perso			on completing information, if not Party A:		
Parent-Title Mother Father Parent	ner 🗆				Last Name at Bi			irth/Maiden Name			Birthplace (state or foreign country)		
Parent-Title Mother Father Parent	Parent 2 – F	irst Nam	ie		Last Name at E			irth/Maiden Name			Birthplace (state or foreign country)		
BARTYR	Title			Dric		^ F		Canua II	Data	Date of Application:			
PARTY B	1 itie r	refere	nce:	Midd		Groom	U_	Spouse □	Date	01 74	opplication:	Suffix	
Name-First					lie		Last				:	Sum	
Maiden Name/Last Name at Birth:					(M, F, X)	Date o	f Birth	(month-date- year) Birthplace			(state or foreign country)		
Residence Add	Residence Address (street, city or town, state, zip code)												
Social Security Number Phone					one Number			Email Address					
Presently Married? Yes No partnerships:					ous marriages/civil unions/ domestic			Last Marriage, Civil Union, or Registered Domestic Partnership Ended By				tnership Ended By	
Date last marriage/civil union/ domestic partnershi ended:					Are you currently under legal go			uardianship? Name of perso			n completing information, if not Party B:		
Parent-Title Parent 1 – First Name Mother □ Father □ Parent □					Last Name at B			irth/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				**************************************		Photo ID						
Party B	Birth Facts	<u> </u>			,			Photo ID					