State of Rhode Island Marriage Worksheet

<table>
<thead>
<tr>
<th>Party A</th>
<th></th>
<th>Party B</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bride □</td>
<td>Groom □</td>
<td>Bride □</td>
<td>Groom □</td>
</tr>
<tr>
<td>Spouse □</td>
<td></td>
<td>Spouse □</td>
<td></td>
</tr>
</tbody>
</table>

Date of application _____________________________

Current name ____________________________________

Last name on birth certificate (if different) ____________________________

Current Mailing Address

Street/PO box ____________________________

City/Town ____________________________

State ___________________ ZIP __________________

City/Town, state of residence (if different) ____________________________

State of birth (if not US, name country) ____________________________

Date of birth ____________________________

Male □ Female □ Age ______

Are you currently under legal guardianship? Yes □ No □

Social Security Number* ____________________________

Mother/parent's full birth name ____________________________

State of mother/parent's birth (if not US, name country) ____________________________

Father/parent's full birth name ____________________________

State of father/parent's birth (if not US, name country) ____________________________

The information requested below is required by law.

It is not issued on certified copies of marriage records unless requested by Party A or Party B.

Party A

Number of previous marriages/civil unions/domestic partnerships ______

Last marriage/union/partnership ended by ____________________________

(Specify death, divorce, dissolution, or annulment.)

Date last marriage/union/partnership ended ____________________________

Being aware that a penalty of $1,000 or a year imprisonment, or both, is provided for in Rhode Island law for furnishing false information to go on a vital record, I hereby certify that the information provided above is correct.

Signatures below must be done in the presence of a city/town clerk.

Signature of Party A ____________________________ Date of Signature ____________________________

Phone number, Party A (______) ____________________________

Name of person completing information, if not Party A: ____________________________

Signature of Party B ____________________________ Date of Signature ____________________________

Phone number, Party B (______) ____________________________

Name of person completing information, if not Party B: ____________________________

*Required by Section 23-3-9(d) of the General Laws of Rhode Island, 1956, as amended.
Additional Information to Assist in Registering Your Marriage Record

Officiant who will perform marriage (if known)
Name ________________________________________
Address ______________________________________
Phone number (_______) _______:

Church/Office/Home where marriage will take place (if known)
Name ________________________________________
Address ______________________________________
Phone number (_______) _______:

Marriage Ceremony
Date, if known ________________________________
City/town of marriage ceremony, if known ____________________________________________________

Witnesses (if known)
Witness 1: ____________________________________
Witness 2: ____________________________________

Marriage license expires three months after it is issued.

For Official Use Only

Type of document and ID number used for identification (birth certificate, passport, etc.)
Party A: ______________________________________
Party B: ______________________________________