Please Type or Print Clearly

Town of West Warwick, Town Clerk’s Office, 1170 Main Street, West Warwick, RI 02893

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: “Town of West Warwick”)

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: ___________________________

Type of Picture ID: ___________________________ ID Number: ___________________________ ID Issued by: ___________________________

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