



## Rhode Island Department of Health Marriage Worksheet

<b>PARTY A</b>		Title Preference: Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse <input type="checkbox"/>			<b>Date of Application:</b>	
Name-First		Middle		Last		Suffix
Maiden Name/Last Name at Birth:		Sex (M, F, X)	Date of Birth (month-date- year)		Birthplace (state or foreign country)	
Residence Address (street, city or town, state, zip code)						
Social Security Number		Phone Number		Email Address		
Presently Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of previous marriages/civil unions/ domestic partnerships:		Last Marriage, Civil Union, or Registered Domestic Partnership Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution		
Date last marriage/civil union/ domestic partnership ended:		Are you currently under legal guardianship? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of person completing information, if not Party A:		
Parent-Title Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	Parent 1 – First Name		Last Name at Birth/Maiden Name		Birthplace (state or foreign country)	
Parent-Title Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	Parent 2 – First Name		Last Name at Birth/Maiden Name		Birthplace (state or foreign country)	

<b>PARTY B</b>		Title Preference: Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse <input type="checkbox"/>			<b>Date of Application:</b>	
Name-First		Middle		Last		Suffix
Maiden Name/Last Name at Birth:		Sex (M, F, X)	Date of Birth (month-date- year)		Birthplace (state or foreign country)	
Residence Address (street, city or town, state, zip code)						
Social Security Number		Phone Number		Email Address		
Presently Married? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of previous marriages/civil unions/ domestic partnerships:		Last Marriage, Civil Union, or Registered Domestic Partnership Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution		
Date last marriage/civil union/ domestic partnership ended:		Are you currently under legal guardianship? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of person completing information, if not Party B:		
Parent-Title Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	Parent 1 – First Name		Last Name at Birth/Maiden Name		Birthplace (state or foreign country)	
Parent-Title Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	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
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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	Photo ID