



Rhode Island Department of Health Marriage Worksheet

PARTY A		Title Preference: Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse <input type="checkbox"/>			Date of Application:
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)

PARTY B		Title Preference: Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse <input type="checkbox"/>			Date of Application:
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, (RIGLS 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