

Rhode Island Department of Health Marriage Worksheet

| PARTY | YA Title Preference: | | Bride □ | | Groom 🗆 | | Spouse □ | Spouse □ Date | | te of Application: | | | |
|--|--------------------------------------|--------------|-------------------|---------------------------------|--|---------------|--------------|---|-----------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Name-First | | | | Middle | | | ************ | Last | | 7 2 7 (1 1 1 1 1 1 1 | | Suffix | |
| Malden Name/Last Name at Birth; | | | | Sex (M, F, X) | | Date of Birth | | month-date- year) | | Birthplace (state or foreign country) | | untry) | |
| Residence Address (street, city or town, state, zip code) | | | | | | | | | | | | | |
| Social Secur | ione Number | | | ··· | Email Address | | | | | | | | |
| Presently Ma | ous marriages/civil unions/ domestic | | | estic | Last Marriage, Civil Union, or Registered Domestic Partnership Ended By Death Divorce Dissolution | | | | | | | | |
| Date last man ended; | riage/civil | union/ domes | tic partnershi | 10 | Are you currently under legal Yes No | | | | | | r completing informa | ion, if not Party A: | |
| Parent-Title Parent 1 First Name Mother Father Parent Parent Parent | | | | Last Name at E | | | | rttvMalden Name | | | Birthplace (state or foreign country) | | |
| Parent-Title Mother Father Parent Parent | other D | | | | The state of the s | | | irth/Malden Name | | | Birthplace (state o | | |
| | | | | | | | | | | | | | |
| PARTY B | Ti | le Prefere | ence: | Bride 🗆 | | room i | | Spouse [| | | application: | · · · · · · · · · · · · · · · · · · · | |
| Name-First | | | | Middle | | | | Last | | Suffix | | | |
| Maiden Name/Last Name at Birth; | | | | Sex (M, F, X) | X) Date of Birth | | | month-date- year) | Т | Birthplace | (state or foreign co | ıntry) | |
| Residence Address (street, city or town, state, zip code) | | | | | | | | | | | | | |
| Social Security Number Phone Number | | | | | | Email Address | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Presently Married? Number of previous marriages/civil u yes \(\text{No} \) No \(\text{No} \) partnerships: | | | | | | ons/ domes | itic | Last Marriage, Civil Union, or Registered Domestic Partnership Ended By | | | | | |
| Date last marriage/civli unlon/ domestic partnership ended: | | | | Are you currently under legal g | | | | rdianship? Name of person | | | completing Informat | ion, If not Party 8: | |
| Parent-Title Mother Father Parent | fother | | | | Last Name at Bir | | | th/Malden Name | | | Birthplace (state or | foreign country) | |
| Parent-Title Mother Father Parent | ther 🗆 | | | | Last Name at B | | | Birth/Malden Name | | | Birtinplace (state or | foreign country) | |
| | 建 和2.00克米之间 | erucen dinig | Committee and the | |) SEE EST | | West St | | San Barre | 0500000 | | | |
| 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 | | | | | |
| | | | | | | | <u> </u> | | | | | | |
| For office Us | e Only: | Type of doo | ument and | id number use | ad for | ideolitic | allon a | nd New Calaba | | | 5 | v 351 | |
| or office Use Only: Type of document and id number used for array A Birth Facts | | | | | | amot inting | | Photo ID | | | (1) 第三层对数 (2) | | |
| Party B Birth Facts | | | | | | | + | Photo ID | | | | | |
| | ! | | | | | | <u> </u> | | | | | | |