

Please Type or Print Clearly

Rhode Island Department of Health, Division of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908-5097

Application for a Certified Copy of a Marriage or Civil Union Record

Please complete ALL items 1-5 below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.

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: civil union: City/Town of marriage/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 vets benefits

legal purposes other use (specify):

4. **Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

How many copies do you want? _____ (Make check payable to: General Treasurer of RI)

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 RI (printed on the reverse side of this form).

Please sign _____
signature of person completing this form date signed

Type/print your name:

Type/print your phone #: ()

Type/print your address:

(Include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.