Rhode Island Marriage or Civil Union Worksheet

INFORMATION FOR LEGAL PURPOSES • CHECK ONE: ☐ MARRIAGE ☐ CIVIL UNION

**GROOM / PARTY A**

Date of Application ___________________ Sex _____________________

Current Name _____________________________________________

Last Name on Birth Certificate (if different) ____________________

Current Mailing Address
(street address or PO box, city or town, state, zip code)

________________________________________________________________________

City/Town, State of Residence (if different) ______________________

State of Birth (if not USA, name country) _________________________

Date of Birth (month, day, year) ________________________________

Age on Last Birthday _________________________________________

Are You Currently under Legal Guardianship? ___ Yes ___ No

Social Security Number* ___ ___ ___ - ___ ___ - ___ ___ ___

New Last Name upon Marriage / Civil Union ______________________

Mother or Parent's Full Birth Name _____________________________

State of Mother or Parent's Birth ______________________________
(if not USA, name country)

Father or Parent’s Full Birth Name _____________________________

State of Father or Parent’s Birth ______________________________
(if not not USA, name country)

The information requested below is required by law but is not issued on certified copies of marriage or civil union records unless requested by the Groom / Party A or Bride / Party B.

**GROOM / PARTY A**

Number of This Marriage, Civil Union, or Domestic Partnership (please specify first, second, etc.) ______________________

If Previously in a Marriage, Civil Union, or Domestic Partnership: Last Marriage / Union / Partnership Ended By (please specify death, divorce, dissolution, or annulment) ______________________________

Date Last Marriage / Union / Partnership Ended (month, day, year) _____________________________

Being aware that a penalty of one thousand dollars ($1,000) or a year imprisonment or both is provided for in Rhode Island law for furnishing false information to go on a vital record, I hereby certify that the information provided above is correct.

Signature of Groom / Party A __________________ Date of Signature __________________

Name of Person Completing Information, if Not Groom / Party A ____________________________

**BRIDE / PARTY B**

Date of Application ___________________ Sex _____________________

Current Name _____________________________________________

Last Name on Birth Certificate (if different) ____________________

Current Mailing Address
(street address or PO box, city or town, state, zip code)

________________________________________________________________________

City/Town, State of Residence (if different) ______________________

State of Birth (if not USA, name country) _________________________

Date of Birth (month, day, year) ________________________________

Age on Last Birthday _________________________________________

Are You Currently under Legal Guardianship? ___ Yes ___ No

Social Security Number* ___ ___ ___ - ___ ___ - ___ ___ ___

New Last Name upon Marriage / Civil Union ______________________

Mother or Parent’s Full Birth Name _____________________________

State of Mother or Parent’s Birth ______________________________
(if not USA, name country)

Father or Parent’s Full Birth Name _____________________________

State of Father or Parent’s Birth ______________________________
(if not not USA, name country)

**BRIDE / PARTY B**

Number of This Marriage, Civil Union, or Domestic Partnership (please specify first, second, etc.) ______________________

If Previously in a Marriage, Civil Union, or Domestic Partnership: Last Marriage / Union / Partnership Ended By (please specify death, divorce, dissolution, or annulment) ______________________________

Date Last Marriage / Union / Partnership Ended (month, day, year) _____________________________

*Required by Section 23-3-9(d) of the General Laws of RI, 1956, as amended. The social security numbers will not appear on the record.

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Please turn over →
CONTINUED FROM FRONT

Name, Address, and Phone Number of Church, office, or home where marriage or civil union will take place, if known: ________________________________

Date and City or Town planned for marriage or civil union ceremony (note: license expires three months after issuance): ________________________________

Name of witnesses, if known: ________________________________________________________________________________________________

Phone Number of Groom / Party A: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___   Bride / Party B: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___