

Rhode Island Department of Health Marriage Worksheet

PARTY A	Title Preference:			Brio	de □	Groom	П	Spouse □		Date of Application:		
Name-First				Midd	lle			Last				Suffix
Maiden Name/Last Name at Birth:				Sex (M, F, X) Date of Birth			(month-date- year) Birthplace		e (state or foreign country)			
Residence Address (street, city or town, state, zip code)												
Social Security Number P					hone Number			Email Address				
Presently Married? Number of prev Yes \(\text{No} \(\text{No} \) partnerships:				vious marriages/civil unions/ domestic			Last Marriage, Civil Union, or Registered Domestic Partnership Ended By				rtnership Ended By	
Date last marriage/civil union/ domestic partnersh ended;					ip Are you currently under legal gu Yes □ No □							
Parent-Title Mother Father Parent	Mother				Last Name at B			irth/Maiden Name			Birthplace (state or foreign country)	
Mother □ Father □ Parent □	Parent 2 – First Name						Birth/Maiden Name	•		Birthplace (state or foreign country)		
	1 '											
<u> </u>	PARTY B Title Preference:					Groom		Spouse □	!	Date of A	Application:	
Name-First				Midd 	ile 			Last				Suffix
Maiden Name/Last Name at Birth:							month-date- year) Birthplace (state or			(state or foreign cou	untry)	
Residence Address (street, city or town, state, zip code)												
Social Security Number Pl					hone Number			Email Address				
Presently Married? Yes No partnerships:				rious marriages/clvil unions/ domestic			Last Marriage, Civil Union, or Registered Domestic Partnership Ended By ☐ Death ☐ Divorce ☐ Dissolution					
Date last marriage/civil union/ domestic partnershi ended:					lp Are you currently under legal gu Yes ☐ No ☐			ıardianship? Name of perso			n completing information, if not Party B:	
Parent-Title Parent 1 – First Name Mother Father Parent Pa					Last Name at Bi			rth/Maiden Name			Birthplace (state or foreign country)	
Parent-Title Mother Father Parent	Parent 2 - Fin	e	•	·	rth/Maiden Name			Birthplace (state or foreign country)				
表现的表现的,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们们就是一个人,我们们们就是一个 第一个人,我们们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们												
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							
							==		==			
For office Use Only: Type of document and id number used for identification and birth facts												
Party A	A Birth Facts							Photo ID				
Party B	Birth Facts	Birth Facts						Photo ID				