



Rhode Island Department of Health Marriage Worksheet

PARTY A	Title Preference: Bride ☐ Groom ☐ Spouse ☐	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 ☐ No ☐	Number of previous marriages/civil unions/ domestic partnerships:	Last Marriage, Civil Union, or Registered Domestic Partnership Ended By ☐ Death ☐ Divorce ☐ Dissolution	
Date last marriage/civil union/ domestic partnership ended:	Are you currently under legal guardianship? Yes ☐ No ☐	Name of person completing information, if not Party A:	
Parent-Title Mother ☐ Father ☐ Parent ☐	Parent 1 – First Name	Last Name at Birth/Maiden Name	Birthplace (state or foreign country)
Parent-Title Mother ☐ Father ☐ Parent ☐	Parent 2 – First Name	Last Name at Birth/Maiden Name	Birthplace (state or foreign country)

PARTY B	Title Preference: Bride ☐ Groom ☐ Spouse ☐	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 ☐ No ☐	Number of previous marriages/civil unions/ domestic partnerships:	Last Marriage, Civil Union, or Registered Domestic Partnership Ended By ☐ Death ☐ Divorce ☐ Dissolution	
Date last marriage/civil union/ domestic partnership ended:	Are you currently under legal guardianship? Yes ☐ No ☐	Name of person completing information, if not Party B:	
Parent-Title Mother ☐ Father ☐ Parent ☐	Parent 1 – First Name	Last Name at Birth/Maiden Name	Birthplace (state or foreign country)
Parent-Title Mother ☐ Father ☐ Parent ☐	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

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