



RHODE ISLAND DEPARTMENT OF HEALTH **CIVIL UNION LICENSE WORKSHEET**

INFORMATION FOR LEGAL PURPOSES

Date of Application: _____

Party A

Sex: ☐ Male ☐ Female

Current Name: _____

Name at Birth: _____

Date of birth: _____
(Month, Day, Year)

Age: _____
(on the day of issuance)

Present resident address:

Place of birth: _____
(List state, if not in USA, name country)

Social Security Number: _____ - _____

Mother/Parent's birth name: _____

Mother/Parent's birthplace: _____
(List state, if not USA, name country)

Father/Parent's birth name: _____

Father/Parent's birthplace: _____
(List state, if not USA, name country)

Party A

Number of this union (1st, 2nd, etc.) _____

If previously married or in a civil union:

Ended by (death, divorce, etc) _____

Date ended _____

Date of Application: _____

Party B

Sex: ☐ Male ☐ Female

Current Name: _____

Name at Birth: _____

Date of birth: _____
(Month, Day, Year)

Age: _____
(on the day of issuance)

Present resident address:

Place of birth: _____
(List State, if not in USA, name country)

Social Security Number: _____ - _____

Mother/Parent's birth name: _____

Mother/Parent's birthplace: _____
(List State, if not USA, name country)

Father/Parent's birth name: _____

Father/Parent's birthplace: _____
(List state, if not USA, name country)

Party B

Number of this union (1st, 2nd, etc.) _____

If previously married or in a civil union:

Ended by (death, divorce, etc) _____

Date ended _____

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

Signature of Party A _____

Date Signed _____

Signature of Party B _____

Date Signed _____

Name of person completing information, if not party A _____

Name of person completing information, if not party B _____

INFORMATION TO ASSIST IN REGISTERING YOUR CIVIL UNION RECORD

Name, address, and phone number of facility (church, home, office) where civil union will take place:

Name, address, and phone of officiant who will perform the civil union:

Date, City/Town of civil union ceremony: _____

Names of witnesses: _____

Phone of Party A: _____ Phone of Party B: _____

For official use only: Type of document and ID used for identification (examples: Birth certificate, passport, etc.)

Party A: _____

Party B: _____