



## Rhode Island Marriage Worksheet

**PARTY A** BRIDE ☐ GROOM ☐ SPOUSE ☐

Date of Application \_\_\_\_\_

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) \_\_\_\_\_

Male ☐ Female ☐ Current Age \_\_\_\_\_

Are You Currently under Legal Guardianship? \_\_\_ Yes \_\_\_ No

Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 in USA, name country)

**The information requested below is required by law but is not issued on certified copies of marriage records unless requested by Party A or Party B.**

### PARTY A

Number of Previous Marriages, Civil Unions, or Domestic Partnerships  
(please specify 0, 1, 2, etc.) \_\_\_\_\_

Last Marriage / Union / Partnership Ended By: (please specify death,  
divorce, dissolution, or annulment) \_\_\_\_\_

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

\_\_\_\_\_

**PARTY B** BRIDE ☐ GROOM ☐ SPOUSE ☐

Date of Application \_\_\_\_\_

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) \_\_\_\_\_

Male ☐ Female ☐ Current Age \_\_\_\_\_

Are You Currently under Legal Guardianship? \_\_\_ Yes \_\_\_ No

Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 in USA, name country)

### PARTY B

Number of Previous Marriages, Civil Unions, or Domestic Partnerships  
(please specify 0, 1, 2, etc.) \_\_\_\_\_

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 Party A \_\_\_\_\_ Date of Signature \_\_\_\_\_

Name of Person Completing Information, if Not Party A

\_\_\_\_\_

Signature of Party B \_\_\_\_\_ Date of Signature \_\_\_\_\_

Name of Person Completing Information, if Not Party B

\_\_\_\_\_

### INFORMATION TO ASSIST IN REGISTERING YOUR MARRIAGE RECORD

Name, Address, and Phone Number of Clergy or court official who will perform marriage, if known: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:** Type of Document and ID# Used for Identification (for example, birth certificate, passport etc.)

Party A: \_\_\_\_\_ Party B: \_\_\_\_\_

\*Required by Section 23-3-9(d) of the General Laws of RI, 1956, as amended.  
VS4A Rev 2013

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

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

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Name of witnesses, if known:

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

Phone Number of Party A: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Party B: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_