

Please Type or Print Clearly

Town of Coventry, 1670 Flat River Rd., Coventry, RI 02816

Application for a Certified Copy of a Marriage or Civil Union Record

Please complete ALL items below

Name of Parties on Record:

First Name Middle Name Current Last Name Birth Last Name (if different)

First Name Middle Name Current Last Name Birth Last Name (if different)

Date of Marriage/Civil Union: _____ City/Town of Marriage/Civil Union: _____

Please complete one of the following:

I am applying for the marriage/civil union record of:

my own record my mother/father/parent my child

my grandparents my brother or sister

my client. I'm an attorney representing: _____

The name of the law firm is: _____

another person (please specify): _____

Why do you need this record?

update records health insurance passport foreign government (State Issued*)

vets benefits legal purposes other use (specify): _____

***Copies issued for foreign governments must be issued by the State Office only.**

Certified copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.

How many copies do you want? _____

Make check payable to: Town of Coventry

I hereby state that the information supplied above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).

Please sign _____
signature of person completing this form date signed

Type/print your name: _____

Type/print your address: _____

(include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

VS-82M (Rev. 06-13)

*****BELOW THIS LINE FOR OFFICE USE ONLY*****

Type of Valid Picture ID: _____ ID Number: _____ ID Issued by: _____