TOWN OF COVENTRY

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)

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)

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

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.

CONTINUED FROM FRONT

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

_____

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

_____

Name of witnesses, if known:

Witness 1: _____

Witness 2: _____

Phone Number of Party A: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Party B: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___