



TOWN OF COVENTRY
Rhode Island Marriage Worksheet

MARRIAGE LICENSE HOURS
8:30am - 4:00pm OnLy

PARTY A BRIDE GROOM SPOUSE

PARTY B BRIDE GROOM SPOUSE

Date of Application _____

Date of Application _____

Current Name _____

Current Name _____

Last Name on Birth Certificate (if different) _____

Last Name on Birth Certificate (if different) _____

Current Mailing Address
(street address or PO box, city or town, state, zip code)

Current Mailing Address
(street address or PO box, city or town, state, zip code)

City/Town, State of Residence (if different) _____

City/Town, State of Residence (if different) _____

State of Birth (if not USA, name country) _____

State of Birth (if not USA, name country) _____

Date of Birth (month, day, year) _____

Date of Birth (month, day, year) _____

Current Age _____

Current Age _____

Are You Currently under Legal Guardianship? ___ Yes ___ No

Are You Currently under Legal Guardianship? ___ Yes ___ No

Social Security Number* _____ - _____ - _____

Social Security Number* _____ - _____ - _____

Mother or Parent's Full Birth Name _____

Mother or Parent's Full Birth Name _____

State of Mother or Parent's Birth
(if not USA, name country) _____

State of Mother or Parent's Birth
(if not USA, name country) _____

Father or Parent's Full Birth Name _____

Father or Parent's Full Birth Name _____

State of Father or Parent's Birth
(if not in USA, name country) _____

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

PARTY B

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

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) _____

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

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

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 _____

Signature of Party B _____ Date of Signature _____

Name of Person Completing Information, if Not Party A

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. The social security numbers will not appear on the record.

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: (____) _____ - _____