

Please Type or Print Clearly



Rhode Island Department of Health, Division of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908-5097

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

Please complete ALL items 1-5 below.

1. Please fill in the information below for the person whose marriage/civil union record you are requesting:

Full name of Groom/Party A: _____

Full name of Bride/Party B: _____

Full name at birth of Groom/Party A (if different): _____

Full name at birth of Bride/Party B (if different): _____

Date of marriage: _____ City/Town of marriage/civil union: _____

Date of civil union: _____

2. 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): _____

3. Why do you need this record? (We ask this question so that we can supply you with a certified copy that will be suitable for your needs.)

update records health insurance foreign government veteran's benefits

legal purposes other use (specify): _____

4. Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00. Any additional copies of this record purchased this same day cost \$18.00 each.

How many copies do you want? _____ (Make check payable to: Town of North Smithfield)

5. I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of Rhode Island (printed on the reverse side of this form).

Please sign _____ signature of person completing this form _____ date signed _____

Print your name: _____ Print your phone #: () _____

Print your address: _____

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

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

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

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

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

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

Cash
Check
Change

Birth _____ Death _____ Marriage/Civil Union _____

Number of first copies Walk-In / Mail-In _____

Number of additional copies _____

Number of searches _____

Additional years searched _____

FOR STATE USE ONLY: Delayed filing _____ Correction _____ P/L _____ A _____

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.