



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 Foster**)

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: _____