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 date signed
	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: