RHODE ISLAND DEPARTMENT OF HEALTH
MARRIAGE LICENSE WORKSHEET

INFORMATION FOR LEGAL PURPOSES

GROOM Date of Application _____

Name in Full _____

Present Mailing Address (Street Address or P.O. Box, City/Town, State, Zip Code)

_____

_____

City/Town and State of Residence _____

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

Date of Birth (month/day/year) _____ Age: _____
On day of issuance

Social Security Number* _____

Name of Father _____

State of Father's Birth _____
(If not **USA**, name country)

Mother's Full Maiden Name _____

State of Mother's Birth _____
(If not **USA**, name country)

BRIDE Date of Application _____

Name in Full _____

Maiden Name if married before _____

Present Mailing Address (Street Address or P.O. Box, City/Town, State, Zip Code)

_____

_____

City/Town and State of Residence _____

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

Date of Birth (month/day/year) _____ Age: _____
On day of issuance

Social Security Number* _____

Name of Father _____

State of Father's Birth _____
(If not **USA**, name country)

Mother's Full Maiden Name _____

State of Mother's Birth _____
(If not USA, name country)

INFORMATION FOR LEGAL AND STATISTICAL PURPOSES

This information requested below is required by law but is not issued on certified copies of marriage records unless requested by bride or groom.

GROOM

Number of this marriage (1st, 2nd, etc.) _____

If previously married:

Last marriage ended by (death, divorce) _____

Date last marriage terminated _____

BRIDE

Number of this marriage (1st, 2nd, etc.) _____

If previously married:

Last marriage ended by (death, divorce) _____

Date last marriage terminated _____

INFORMATION FOR STATISTICAL PURPOSES

NOTE: Section 15-2-7 of the General Laws of Rhode Island, 1956 as amended, **requires** completion of all items for which information is requested on this worksheet. However, the information requested below is not issued on certified copies of marriage records unless requested by the bride or groom. The information requested below is used for demographic and health use only in a wide range of social and health research studies.

GROOM

Race (White, Black, American Indian, Etc.) _____

Education – list highest grade completed"

If elementary or high school, (0,1,2,3,4 ... or 12)
state highest grade completed _____

If college (1,2,3,4 or 5+)
state highest grade completed _____

BRIDE

Race (White, Black, American Indian, Etc.) _____

Education – list highest grade completed"

If elementary or high school, (0,1,2,3,4 ... or 12)
state highest grade completed _____

If college (1,2,3,4 or 5+)
state highest grade completed _____

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 Groom) (Date of Signature)

Name of Person Completing
Information, if not Groom _____

(Signature of Bride) (Date of Signature)

Name of Person Completing
information, if not Bride _____

INFORMATION TO ASSIST IN REGISTERING YOUR MARRIAGE RECORD

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

_____

Name, Address, and Phone Number of Clergy or court official who will perform marriage, if known: _____

_____

Date and City or Town planned for marriage ceremony. NOTE: License expires 3 months after issuance _____

Name of witnesses, if known: _____

Phone Number of Bride: _____ Groom: _____

FOR **OFFICE USE ONLY**: Type of Document and ID # Used for Identification, for example, birth certificate, passport, etc.

Groom: _____ Bride _____

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*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 marriage record.