

Please 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 Record

Please complete ALL items 1-5 below:

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

Full name of groom _____

Full name of bride _____

Full maiden name of bride (if different) _____

Date of marriage _____ Place of marriage (city/town) _____

2. Please complete one of the following:

I am applying for the marriage record of:

my own marriage record my mother or father 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 vets benefits

legal purposes other use (specify): _____

4. **Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

How many copies do you want? _____ (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 RI (printed on the reverse side of this form).

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

Print your name _____ (_____) _____

phone # _____

Print your address _____ street or mailing address _____ city/town _____ state _____ zip code _____

ATTACH VALID GOVERNMENT ISSUED PICTURE ID

VS-82M (Rev. 08/01/07)