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:___________

VS-82M (Rev. 07/01/2018)
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.