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 WEST GREENWICH)

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: __________________________

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID