



PLEASE TYPE OR PRINT CLEARLY

Mail to: City of East Providence, Vital Records, 145 Taunton Avenue, East Providence, RI 02914

**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 or 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:                      civil union:                      City/Town of marriage/civil union:

**2. I am applying for the marriage or civil union record of (complete one of the following):**

- myself                                      my 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                      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?                      (Make check payable to: City of East Providence)

**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 below).**

Please sign \_\_\_\_\_ signature of person completing this form                      date signed

Type or print your name:                      Type or print your phone number: (                      )

Type or print your address:                      (include street or mailing address, city/town, state, and zip code.)

**ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID**

**From Section 23-3-28 of the General Laws of Rhode Island:**

"§23-3-28 Penalties. — (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment [...] 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."