

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:

First Name Middle Name Current Last Name Birth Last Name (if different)

First Name Middle Name Current Last Name Birth Last Name (if different)

Date of Marriage: _____ City/Town of Marriage: _____

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): _____

***Copies issued for foreign governments must be issued by the State Office only**

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? _____

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)

*****BELOW THIS LINE FOR OFFICE USE ONLY*****

Type of Picture ID: _____ ID Number: _____ ID Issued by: _____

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

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

	Birth	Death	Marriage/Civil Union
Number of first copies Walk-In / Mail-In	_____	_____	_____

Number of additional copies	_____	_____	_____
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Number of searches _____

Additional years searched _____

Section 23-3-28 of the General Laws

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.

IF REQUESTING COPIES OF A MARRIAGE LICENSE BY MAIL:

- **PLEASE INCLUDE PAYMENT IN THE FORM OF A MONEY ORDER MADE PAYABLE TO THE:**

“TOWN OF PORTSMOUTH”

- **A COPY OF THE PHOTO I.D. OF THE PERSON SIGNING THE REQUEST.**

- **MAIL YOUR REQUEST TO:**

**TOWN CLERK
TOWN OF PORTSMOUTH
2200 EAST MAIN ROAD
PORTSMOUTH, RI 02871**