

Please Type or Print Clearly

Town of Gloucester, 1145 Putnam Pike, PO Box B, Chepachet, RI 02814

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 Gloucester)

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: \_\_\_\_\_