



RHODE ISLAND DEPARTMENT OF HEALTH
CIVIL UNION LICENSE WORKSHEET

INFORMATION FOR LEGAL PURPOSES

Date of Application: _____

Date of Application: _____

Party A

Party B

Sex: Male Female

Sex: Male Female

Current Name: _____

Current Name: _____

Name at Birth: _____

Name at Birth: _____

Date of birth: _____

Date of birth: _____

(Month, Day, Year)

(Month, Day, Year)

Age: _____

(on the day of issuance)

Age: _____

(on the day of issuance)

Present resident address:

Present resident address:

Place of birth: _____

(List state, if not in USA, name country)

Place of birth: _____

(List State, if not in USA, name country)

Social Security Number: _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Mother/Parent's birth name: _____

Mother/Parent's birth name: _____

Mother/Parent's birthplace: _____

(List state, if not USA, name country)

Mother/Parent's birthplace: _____

(List State, if not USA, name country)

Father/Parent's birth name: _____

Father/Parent's birth name: _____

Father/Parent's birthplace: _____

(List state, if not USA, name country)

Father/Parent's birthplace: _____

(List state, if not USA, name country)

Party A

Party B

Number of this union (1st, 2nd, etc.) _____

Number of this union (1st, 2nd, etc.) _____

If previously married or in a civil union:

If previously married or in a civil union:

Ended by (death, divorce, etc) _____

Ended by (death, divorce, etc) _____

Date ended _____

Date ended _____

Be aware that a penalty of one thousand dollars (\$1,000) or a year imprisonment or both is provided for in Rhode Island General Laws for furnishing false information for a vital record. I hereby certify that the information provided above is correct.

Signature of Party A

Date Signed

Signature of Party B

Date Signed

Name of person completing information, if not party A

Name of person completing information, if not party B

INFORMATION TO ASSIST IN REGISTERING YOUR CIVIL UNION RECORD

Name, address, and phone number of facility (church, home, office) where civil union will take place:

Name, address, and phone of officiant who will perform the civil union:

Date, City/Town of civil union ceremony:

Names of witnesses: _____, _____

Phone of Party A: _____ Phone of Party B: _____

For official use only: Type of document and ID used for identification (examples: Birth certificate, passport, etc.)

Party A: _____

Party B: _____