

**Please Type or Print Clearly**

**Application for a Certified Copy of a Marriage or Civil Union Record**

**Please complete ALL items below**

Name of Parties on Record:

\_\_\_\_\_  
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/Civil Union: \_\_\_\_\_ City/Town of Marriage/Civil Union: \_\_\_\_\_

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): \_\_\_\_\_

Why do you need this record?

- update records                       health insurance                       passport                       foreign government (State Issued\*)
- vets benefits                       legal purposes                       other use (specify): \_\_\_\_\_

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

**Certified copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

How many copies do you want? \_\_\_\_\_

**I hereby state that the information supplied above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).**

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

Type/print your name: \_\_\_\_\_

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

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

VS-82M (Rev. 06-13)

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

Type of Valid Picture ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Issued by: \_\_\_\_\_