



Please Type or Print Clearly

Pawtucket City Clerk's Office, 137 Roosevelt Avenue, Pawtucket, RI 02860

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: City of Pawtucket)

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

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.

Please sign _____

signature of person completing this form date signed

Print your name: _____ Print your phone #: () _____

Print your address _____

street or mailing address city/town state zip code

**ATTACH A PHOTO COPY OF A VALID GOVERNMENT ISSUED PHOTO ID
(Such as a Driver's License, State ID or Passport)**

(Please Note: If you do not have a valid photo ID, please send two (2) pieces of mail with the same name and same address)