



**Please Type or Print Clearly**

Bristol Town Hall, Town Clerk's Office, 10 Court Street, Bristol, Rhode Island 02809

**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 Bristol )

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

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: \_\_\_\_\_