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: ________________

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