



**Rhode Island Department of Health  
Marriage Worksheet**

<b>PARTY A</b>		Title Preference: Bride <input type="checkbox"/> Groom <input checked="" type="checkbox"/> Spouse <input type="checkbox"/>		Date of Application: 02/19/2025	
Name-First IAN		Middle MICHAEL		Last O'DWYER	
Maiden Name/Last Name at Birth: O'DWYER		Sex (M, F, X) MALE	Date of Birth (month-date- year) 01/19/1989	Birthplace (state or foreign country) OREGON	
Residence Address (street, city or town, state, zip code) 190 CAPSTAN STREET JAMESTOWN RHODE ISLAND 02835					
Social Security Number 542-29-7926		Phone Number (401)862-4342		Email Address IANMODWYER@GMAIL.COM	
Presently Married? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Number of previous marriages/civil unions/ domestic partnerships: 0		Last Marriage, Civil Union, or Registered Domestic Partnership Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution	
Date last marriage/civil union/ domestic partnership ended:		Are you currently under legal guardianship? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name of person completing information, if not Party A:	
Parent-Title Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	Parent 1 – First Name DENISE		Last Name at Birth/Maiden Name HALL		Birthplace (state or foreign country) ENGLAND
Parent-Title Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Parent <input type="checkbox"/>	Parent 2 – First Name NOEL		Last Name at Birth/Maiden Name O'DWYER		Birthplace (state or foreign country) IRELAND

<b>PARTY B</b>		Title Preference: Bride <input checked="" type="checkbox"/> Groom <input type="checkbox"/> Spouse <input type="checkbox"/>		Date of Application: 02/19/2025	
Name-First SOFIA		Middle ESTELLE		Last ALAVOSIUS	
Maiden Name/Last Name at Birth: ALAVOSIUS		Sex (M, F, X) FEMALE	Date of Birth (month-date- year) 02/22/1991	Birthplace (state or foreign country) NEW HAMPSHIRE	
Residence Address (street, city or town, state, zip code) 223 YAWGOO VALLEY ROAD EXETER RHODE ISLAND 02822					
Social Security Number 003-82-0084		Phone Number (775)815-9605		Email Address ISEASOFIA@AOL.COM	
Presently Married? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Number of previous marriages/civil unions/ domestic partnerships: 0		Last Marriage, Civil Union, or Registered Domestic Partnership Ended By <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution	
Date last marriage/civil union/ domestic partnership ended:		Are you currently under legal guardianship? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name of person completing information, if not Party B:	
Parent-Title Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/>	Parent 1 – First Name DEBORAH		Last Name at Birth/Maiden Name LANGEVIN		Birthplace (state or foreign country) MASSACHUSETTS
Parent-Title Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Parent <input type="checkbox"/>	Parent 2 – First Name MARK		Last Name at Birth/Maiden Name ALAVOSIUS		Birthplace (state or foreign country) MASSACHUSETTS

SIGNATURES • Any persons who willfully and knowingly furnishing false information intending that this false information be used in the preparation of a vital record shall be punished by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one year, or both. (RIGL§ 23-3-28) We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Rhode Island.

**Signatures below must be done in the presence of local registrar**

Party A 		Party B 	
---	--	--	--

<b>For office Use Only: Type of document and Id number used for identification and birth facts:</b>			
Party A	BIRTH CERTIFICATE - 136-89-03846		STATE ISSUED DRIVER'S LICENSE - 2530154
Party B	BIRTH CERTIFICATE - 00197733-47		STATE ISSUED DRIVER'S LICENSE - 2760278