

Please Print Clearly

Rhode Island Department of Health, Division of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908-5097

Application for a Certified Copy of a Birth Record

Please complete ALL items 1-5 below:

1. Fill in the information below for the person whose birth record you are requesting:

Full name at birth _____ Age now _____

New name if changed in court (excluding marriage) _____

Date of birth _____ City/town of birth _____ Hospital _____

Mother's full maiden name _____

Father's full name _____

2. I am applying for the birth record of (complete one of the following):

myself my child my mother/father

my grandchild (parent of mother) my grandchild (parent of father) my brother/sister

my client -- I'm a social worker. Name of my agency is _____

my client -- I'm an attorney representing: _____

The name of the law firm is: _____

another person (specify your relationship): _____

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.)

school license vets benefits social security passport/travel foreign govt

work WIC welfare other use (specify) _____

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

How many copies do you want? _____ (Payable to: General Treasurer of RI)

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 RI (printed on the reverse side of this form).

Please sign _____
Signature of person completing this form date signed

Print your name _____ (_____) _____
phone #

Print your address _____
street or mailing address city/town state zip code

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