



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/Parent's full birth name \_\_\_\_\_

Father/Parent's full birth name \_\_\_\_\_

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

myself  my mother/father/parent  my child

my grandchild (parent of mother)  my grandchild (parent of father)  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.)

school  license  veteran's benefits  Social Security Administration

passport  foreign gov't  work  WIC  welfare

other use (please 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? \_\_\_\_\_ (Check/Money Order Payable to: ~~General Treasurer of RI~~  
Town of Charlestown)

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 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
phone # \_\_\_\_\_

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

Type of Picture ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Issued by: \_\_\_\_\_