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Town of Cumberland, Town Clerk's Office, 45 Broad Street, Cumberland, RI 02864

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: Town of Cumberland)

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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Town of Cumberland, Town Clerk's Office, 45 Broad Street, Cumberland, RI 02864

Application for a Certified Copy of a Marriage Record

Please complete ALL items 1-5 below:

1. Please fill in the information below for the person whose marriage record you are requesting:

Full name of groom _____

Full name of bride _____

Full maiden name of bride (if different) _____

Date of marriage _____ Place of marriage (city/town) _____

2. Please complete one of the following:

I am applying for the marriage record of:

my own marriage record my mother or father 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 vets benefits

legal purposes 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: Town of Cumberland)

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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Please Print Clearly

Cumberland Town Hall, Town Clerk's Office, 45 Broad Street, Cumberland, RI 02864

Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below:

1. Please fill in the information below for the person whose death record you are requesting:

Full name _____
Date of death _____ Place of death (city/town/hospital name) _____
Name of spouse (if married) _____
Mother's full maiden name _____
Father's full name _____

2. Complete one of the following:

I am applying for the death record of:

- my parent my spouse my child my grandparent
 other relative (specify): _____
 my client. I am an attorney representing _____. The name of the law firm is _____.
 my client. I am an insurance company representative. The name of the insurance company is _____.
 another person (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.)

- probate social security vets benefits property title
 foreign government other (specify): _____

4. Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each. How many do you want? _____ (Payable to: Town of Cumberland)

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

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID