



**PLEASE TYPE OR PRINT CLEARLY**

RI Department of Health, Office of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908

**Application for a Certified Copy of a Birth Record**

Please complete ALL items 1-5 below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.

1. Please 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/parent's full name at birth: \_\_\_\_\_

Father's/parent's full name at birth: \_\_\_\_\_

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

- myself  my child  my mother/father
- my spouse/civil union partner/registered domestic partner  my brother/sister
- my grandchild (parent of mother)  my grandchild (parent of father)
- 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 gov't
- work  WIC  welfare  other use (specify): \_\_\_\_\_

4. Copies cost \$22.00. Any additional copies of this record purchased this same day cost \$18.00 each. Mail-in copies cost \$25.00

How many copies do you want? \_\_\_\_\_

We accept cash, checks and credit cards. (Make check 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 below).

Please sign \_\_\_\_\_ date signed \_\_\_\_\_  
signature of person completing this form

Type or print your name: \_\_\_\_\_ Type or print your phone #: (\_\_\_\_) \_\_\_\_\_

Type or print your address: \_\_\_\_\_  
(include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

From Section 23-3-28 of the General Laws of Rhode Island:

"§23-3-28 Penalties. — (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment [...] shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both."

**office use only:** New Rivers: Cert # \_\_\_\_\_ Payment  New Vision: Payment  Initials: \_\_\_\_\_