Please Print Clearly

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/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 govt   [ ] work   [ ] WIC   [ ] welfare
   [ ] other use (please specify): ___________________________________________

   
   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: 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 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: ______________

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