



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 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: **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: \_\_\_\_\_