



**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: City of East Providence)

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: \_\_\_\_\_

State/Local File # \_\_\_\_\_ Amt. rec'd \_\_\_\_\_ Rec't # \_\_\_\_\_ Date sent \_\_\_\_\_ Initials \_\_\_\_\_

Check   
Cash   
Change  \*\*\*\*\*

Number of first copies Walk-In / Mail-In      Birth      Death      Marriage      Civil Union  
\_\_\_\_\_

Number of additional copies      \_\_\_\_\_

Number of searches      \_\_\_\_\_

Additional years searched      \_\_\_\_\_

FOR STATE USE ONLY:    Delayed Filing \_\_\_\_\_ Correction \_\_\_\_\_ P/L \_\_\_\_\_ A \_\_\_\_\_

**Section 23-3-28 of the General Laws**

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . 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.