



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 spouse
 - my child
 - my grandchild (parent of mother)
 - my grandchild (parent of father)
 - my brother or sister
 - my mother/father/parent
 - another person (please specify): _____
 - my client. I'm an attorney representing: _____
- The name of the law firm is: _____

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
- work
- foreign gov't*
- passport/travel
- WIC
- welfare
- other use (please specify): _____

***Copies issued for foreign governments must be issued by the State Office only**

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

How many copies do you want? _____

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 _____

*****BELOW THIS LINE FOR OFFICE USE ONLY*****

Type of Picture ID: _____ ID Number: _____ ID Issued by: _____
VS-82B (Rev. 07/01/2018)

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

	Birth	Death	Marriage/Civil Union
Number of first copies Walk-In / Mail-In	_____	_____	_____
Number of additional copies	_____	_____	_____
Number of searches	_____		
Additional years searched	_____		

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.

IF REQUESTING COPIES OF A BIRTH CERTIFICATE BY MAIL:

- **PLEASE INCLUDE PAYMENT IN THE FORM OF A MONEY ORDER MADE PAYABLE TO THE:**

“TOWN OF PORTSMOUTH”

- **A COPY OF THE PHOTO I.D. OF THE PERSON SIGNING THE REQUEST.**
- **MAIL YOUR REQUEST TO:**

**TOWN CLERK
TOWN OF PORTSMOUTH
2200 EAST MAIN ROAD
PORTSMOUTH, RI 02871**