

**Please Print Clearly**

Providence City Registrar, Providence City Hall, Room 104  
25 Dorrance St., Providence, RI 02903

**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's full maiden name \_\_\_\_\_  
Father's full name \_\_\_\_\_

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

~ myself ~ my child ~ my mother/father  
~ my grandchild (parent of mother) ~ my grandchild (parent of father) ~ my brother/sister  
~ my client -- I'm a social worker. Name of my agency is \_\_\_\_\_  
~ 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 govt  
~ work ~ WIC ~ welfare ~ other use (specify) \_\_\_\_\_

4. Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.

~ Full copy How many do you want? \_\_\_\_\_  
~ Wallet size How many do you want? \_\_\_\_\_ (A wallet-size card may not be accepted by all offices)

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 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: \_\_\_\_\_

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

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

	Birth	Death	Marriage
Number of first copies	_____	_____	_____

Number of additional copies	_____	_____	_____
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Number of searches	_____
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Additional years searched	_____
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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.

**PLEASE SEE WEBSITE FOR MAILING  
INSTRUCTIONS**