Please Print Clearly

Richmond Town Hall, 5 Richmond Townhouse Rd, Wyoming, RI 02898

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 <u>this record</u> purchased <u>this same day</u> 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: _____

VS-82B (Rev. 08/07)

**********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	_____	_____	_____
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.