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________
   - 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): ________________________________

   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_________________________________________________________ date signed

Print your name__________________________________________________ (______)________ phone #

Print your address________________________________________________________________

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_____

Check  □
Cash   □
Change □ ***************

<table>
<thead>
<tr>
<th>Birth</th>
<th>Death</th>
<th>Marriage</th>
<th>Civil Union</th>
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<tbody>
<tr>
<td>______</td>
<td>______</td>
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Number of first copies Walk-In / Mail-In

| ______| ______| _________| ________|

Number of additional copies

| ______| ______| _________| ________|

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.