



PLEASE TYPE OR PRINT CLEARLY

Mail to City of East Providence, Vital Records, 145 Taunton Avenue, East Providence, RI 02914

Application for a Certified Copy of a Birth Record

Please complete ALL items 1-5 below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.

1. Please 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/parent's full name at birth: _____
Father's/parent's full name at birth: _____

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

- checkbox myself checkbox my child checkbox my mother/father
checkbox my spouse/civil union partner/registered domestic partner checkbox my brother/sister
checkbox my grandchild (parent of mother) checkbox my grandchild (parent of father)
checkbox my client—I'm an attorney representing: _____ The name of the law firm is: _____
checkbox 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.)

- checkbox school checkbox license checkbox Vets benefits checkbox Social Security checkbox passport/travel
checkbox foreign gov't (specify country of use): _____ checkbox work
checkbox WIC checkbox welfare checkbox other use (specify): _____

4. Walk-In Copies cost \$22. Mail-In Copies cost \$25.

Additional copies of this record purchased the same day cost \$18 each.

How many copies do you want? (Make 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 RI (printed below).

Please sign _____ date signed _____
signature of person completing this form

Type or print your name: _____ Type or print your phone #: (_____) _____

Type or print your address: _____
(include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

From Section 23-3-28 of the General Laws of Rhode Island:

"§23-3-28 Penalties. — (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment [...] 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."