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 mother/father/parent  [ ] my child
   [ ] my grandchild (parent of mother)  [ ] my grandchild (parent of father)  [ ] my brother or sister
   [ ] my client. I am 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: General Treasurer of RI)

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

   Type of Picture ID: ___________________________________ ID Number: ___________ ID Issued by: ________________

VS-82B (Rev. 07/01/2018)
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.