

Please Print Clearly

Central Falls City Hall, 580 Broad St, Central Falls, RI 02910

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? _____ (NOTE: wallet-size cards may not be accepted by all offices) THE STATE OF COLORADO WILL ONLY ACCEPT BIRTH CERTIFICATES ISSUED AT THE STATE OFFICE

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 _____

Number of first copies Birth Death Marriage

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.