



**PLEASE TYPE OR PRINT CLEARLY**

Mail to Town Clerk's Office, Attn: Vital Records, 100 Fairway Drive, North Kingstown, RI 02852

**Application for a Certified Copy of a Birth Record**

Please complete ALL items 1-5 below.

**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 (check one of the following):**

Myself \_\_\_ My child \_\_\_ My mother/father \_\_\_ My spouse/civil union partner/registered domestic partner \_\_\_  
My brother/sister \_\_\_ My grandchild (parent of mother) \_\_\_ My grandchild (parent of father) \_\_\_

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? (Check one of the following. 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 Gov't \_\_\_ 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.**

How many copies do you want? \_\_\_\_\_ (Make check payable to: Town of North Kingstown)

**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 \_\_\_\_\_

(Signature of person completing this form)

(Date signed)

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."