

Please Type or Print Clearly

Town of Scituate, RI

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 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.**

How many copies do you want? _____ (Make check payable to: **Town of Scituate, 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 RI (printed on the reverse side of this form).

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

Type/print your name: _____

Type/print your phone #: () _____

Type/print your address: _____

(include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

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