



PLEASE TYPE OR PRINT CLEARLY
Mail to East Greenwich Town Clerk's Office, 125 Main Street, P.O. Box 111, East Greenwich, RI 02818

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):

- 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? (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. Walk-In Copies cost \$22.00. Mail-in Copies cost \$25.00.

Any additional copies of this record purchased this same day cost \$18.00 each.

How many copies do you want? _____ (Make check payable to: East Greenwich Town Clerk)

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

*****BELOW THIS LINE FOR OFFICE USE ONLY*****

Type of Valid Picture ID: ID Number: ID Issued by:

State/Local File #: Amt. rec'd: Check #: Date Sent: Initials:

Number of first copies (walk-in) \$22 Birth Death Marriage/Civil Union

Number of first copies (mail-in) \$25

Number of additional copies \$18

Number of searches

Additional years searched

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."