

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

***PLEASE PRINT NEATLY***

**Send to:** Burrillville Town Clerk, 105 Harrisville Main Street, Harrisville, RI 02830

**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  
 foreign country (STATE OFFICE COPY)  
 work       WIC       welfare       other use (specify) \_\_\_\_\_

4. **Copies cost \$20.00 for the first copy and \$15.00 for additional copies of this same record ordered today.**

Make checks payable to **Town of Burrillville.**

- Full copy    How many do you want? \_\_\_\_\_  
 Wallet size    How many do you want? \_\_\_\_\_ (A wallet-size card may not be accepted by all offices)

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.

Please sign \_\_\_\_\_  
Signature of person completing this form                                      date signed

Print your name \_\_\_\_\_

Print your address \_\_\_\_\_  
street or mailing address                                      city/town                                      state                                      zip code

**ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID**  
**A self-addressed, stamped envelope is appreciated.**