

**Burrillville Town Clerk's Office, 105 Harrisville Main Street, Harrisville, RI 02830**

(401) 568-4300, extension 0

Request for Certified Copy of Vital Records

**Fee:** \$20.00 per copy/\$15.00 for each additional copy of the same record issued at the same time.

Make check payable to: TOWN OF BURRILLVILLE

**PLEASE PRINT – INCLUDE A PHOTOCOPY OF DRIVER'S LICENSE**

**We will not process this request without proper ID – Please provide a self-addressed, stamped envelope.**

<b>PERSON MAKING THIS REQUEST</b>				
NAME			PHONE NUMBER	
MAILING ADDRESS				
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE				
<input type="checkbox"/> MYSELF	<input type="checkbox"/> MY CHILD	<input type="checkbox"/> MY MOTHER / FATHER	<input type="checkbox"/> MY BROTHER / SISTER	
<input type="checkbox"/> MY GRANDCHILD (PARENT OF MOTHER)		<input type="checkbox"/> MY GRANDCHILD (PARENT OF FATHER)		
<input type="checkbox"/> MY CLIENT (I AM AN ATTORNEY OR SOCIAL WORKER)			<input type="checkbox"/> ANOTHER PERSON (SPECIFY):	
USE OF THIS RECORD				
<input type="checkbox"/> LICENSE	<input type="checkbox"/> TRAVEL / PASSPORT	<input type="checkbox"/> SCHOOL / WORK	<input type="checkbox"/> BENEFITS	<input type="checkbox"/> OWN RECORDS / LEGAL
I hereby state that the information supplied above is true and that I am not in violation of RIGL 23-3-28.				
PLEASE SIGN			DATE	
<b>BIRTH CERTIFICATE</b>				
FULL NAME AT BIRTH (FIRST, MIDDLE, AND LAST)				
DATE OF BIRTH		PLACE OF BIRTH (TOWN / CITY) , RI		
FATHER'S FULL NAME		MOTHER'S FULL MAIDEN NAME		
NUMBER OF COPIES				
<b>MARRIAGE / CIVIL UNION CERTIFICATE</b>				
FULL NAME OF GROOM / PARTY A				
FULL NAME OF BRIDE / PARTY B				
DATE OF CEREMONY		PLACE OF CEREMONY , RI		NUMBER OF COPIES
<b>DEATH CERTIFICATE</b>				
FULL NAME (FIRST, MIDDLE, AND LAST)				
DATE OF DEATH		PLACE OF DEATH , RI		NUMBER OF COPIES
<b>AREA BELOW TO BE FILLED IN BY BURRILLVILLE TOWN CLERK'S OFFICE ONLY</b>				
IDENTIFICATION TYPE & NUMBER				
DATE RECEIVED		PROCESSED BY		DATE SENT