

**Please Print Clearly**

Barrington Town Hall, 283 County Rd., Barrington RI 02806

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

**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/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.

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)

*Please make check payable to:*  
**Town of Barrington**

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 page 2 of this form).

Please sign

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
date signed

Print your name

\_\_\_\_\_

( ) \_\_\_\_\_

phone#

Print your address

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

**ATTACH A PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID**

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

Type of picture ID: \_\_\_\_\_ ID number: \_\_\_\_\_ ID issued by: \_\_\_\_\_

State/Local File # \_\_\_\_\_ Amt. rec'd \_\_\_\_\_ Rec't # \_\_\_\_\_ Date sent \_\_\_\_\_ Initials \_\_\_\_\_

Birth                      Death                      Marriage

Number of first copies      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Number of additional copies      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Number of searches      \_\_\_\_\_

Additional years searched      \_\_\_\_\_

FOR STATE USE ONLY: Delayed filing \_\_\_\_\_ Correction \_\_\_\_\_ P/L \_\_\_\_\_ A \_\_\_\_\_

**Section 23-3-28 of the General Laws**

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof... 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.