Please Print Clearly

Town of West Greenwich, Town Clerk’s Office, 280 Victory Highway, West Greenwich, RI 02817

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/Parent’s full birth name ____________________________________________
   - Father/Parent’s full birth name ____________________________________________

2. I am applying for the birth record of (complete one of the following):
   - [ ] myself
   - [ ] my mother/father/parent
   - [ ] my child
   - [ ] my grandchild (parent of mother)
   - [ ] my grandchild (parent of father)
   - [ ] my brother or sister
   - [ ] my client. I’m an attorney representing: ____________________________
   - The name of the law firm is: ____________________________________________
   - [ ] another person (please specify): ____________________________

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
   - [ ] veteran’s benefits
   - [ ] Social Security Administration
   - [ ] passport
   - [ ] foreign gov’t
   - [ ] work
   - [ ] WIC
   - [ ] welfare
   - [ ] other use (please specify): ____________________________________________

   Any additional copies of this record purchased this same day cost $18.00 each.
   How many copies do you want? ________ (Check/Money Order Payable to: TOWN OF WEST GREENWICH)

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 Rhode Island (printed on the reverse side 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 PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

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

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