Please Print Clearly
Town of Glocester, 1145 Putnam Pike, PO Box B, Chepachet, RI 02814
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 grandchild (parent of mother)
   □ my mother/father/parent
   □ my grandchild (parent of father)
   □ my child
   □ 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 Glocester)

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 ___________________________

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

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