Please Print Clearly
Town of Gloucester, 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 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 Gloucester)

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: ______________

VS-82B (Rev. 07/01/2018)

MAIL IN REQUESTS: ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID