

New Shoreham Town Hall, PO Box 220, Block Island, RI 02807  
**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. Additional copies of this record purchased the same day cost \$15.00 each.**  
How many copies do you want? \_\_\_\_\_ (Check payable to: Town of New Shoreham)

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 below).

Please sign and date \_\_\_\_\_

Print your name \_\_\_\_\_

Your phone number ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

## Instructions for BIRTH CERTIFICATE REQUESTS

This office has birth records of individuals who were born on Block Island, and birth records of Block Island residents who were born anywhere in Rhode Island.

Records of births which occurred less than 100 years ago are confidential in Rhode Island. You must have a direct and tangible interest to have the authority to obtain a certified copy of a vital record. The following individuals and/or groups make-up those having direct and tangible interest:

- The person named on the certificate, a parent named on the certificate, a sibling, a guardian, or an authorized agent of these individuals; or
- Attorneys-at-law, title examiners, or members of legally incorporated genealogical societies, in the conduct of their official duties; or
- A person who has been granted a court order instructing the registrar to provide disclosure.

1. Assuming you have a direct and tangible interest, mail the following to New Shoreham Town Clerk's Office, P.O. Box 220, Block Island RI 02807:
  - Completed signed forms; use one form for each vital event.
  - Photocopy of government issued picture identification.
  - Check made out to the "Town of New Shoreham" for \$20.00 for the first copy, plus \$15.00 each for additional copies.
2. We will contact you for more information or mail you the certified copies requested to the address provided at our earliest convenience.

### **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.