

WESTERLY TOWN CLERK'S OFFICE

REQUEST FOR COPY OF VITAL RECORDS

FEE: \$20.00 PER COPY / \$15.00 FOR EACH ADDITIONAL COPY, OF THE SAME RECORD, ISSUED AT SAME TIME

Please enclose some form of picture identification, preferably driver's license, with this request.

PLEASE PRINT

REQUEST FOR BIRTH CERTIFICATE

FULL NAME AT BIRTH: FIRST MIDDLE LAST NAME

DATE OF BIRTH: MONTH / DAY / YEAR PLACE OF BIRTH: TOWN/CITY, RI

FATHER'S FULL NAME: FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: FIRST MIDDLE MAIDEN NAME

CERTIFICATE SIZE:

Input box for Full Size

FULL SIZE

Input box for Wallet Size

WALLET SIZE

[NOTE THAT THE WALLET SIZE BIRTH CERTIFICATE CONTAINS LESS INFORMATION THAN THE FULL SIZE CERTIFICATE. IT MAY NOT SATISFY ALL PROOF OF IDENTIFICATION REQUIREMENTS SUCH AS THOSE NEEDED TO OBTAIN PASSPORTS OR FOR CERTAIN TRAVEL DESTINATIONS.]

REQUEST FOR MARRIAGE CERTIFICATE

GROOM'S FULL NAME: FIRST MIDDLE LAST NAME

BRIDE'S FULL NAME: FIRST MIDDLE MAIDEN NAME

DATE OF MARRIAGE: MONTH / DAY / YEAR PLACE OF MARRIAGE: TOWN/CITY, RI

REQUEST FOR DEATH CERTIFICATE

FULLNAME: FIRST MIDDLE LAST NAME

DATE OF DEATH: MONTH / DAY / YEAR PLACE OF DEATH: TOWN/CITY, RI

PERSON MAKING THIS REQUEST:

NAME: FIRST MIDDLE LAST NAME

ADDRESS: STREET TOWN/CITY STATE/ZIP

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

USE OF RECORD: (i.e., travel, school, insurance, personal, etc.) NUMBER OF COPIES REQUESTED:

SIGNATURE: X

(RIGL 23-3-8 PROVIDES FOR PENALTIES FOR MAKING FALSE STATEMENTS OR SUPPLYING FALSE INFORMATION)

MAKE CHECK PAYABLE TO: WESTERLY TOWN CLERK

(OFFICE USE ONLY):

IDENTIFICATION: DATE: INITIALS: