



**PLEASE TYPE OR PRINT CLEARLY**

Mail to RI Department of Health, Office of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908

**Application for a Non-Certified Pre-Adoption Birth Record**

**You must be 25 years of age or older to receive a non-certified copy of a pre-adoption birth record. To apply, please complete the items below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.**

Name of applicant after adoption: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Place of birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Adoptive father/parent's name at birth: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Adoptive mother/parent's name at birth: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden Last: \_\_\_\_\_

**Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

**How many copies do you want? \_\_\_\_\_ (Make check or money order payable to: General Treasurer of RI. Note that your check/money order will be deposited when it is received.)**

**Fill in your mailing address below. The record will be mailed to this address to the adult adoptee only. (You may also request your record in person at the State Office of Vital Records. Office hours are Monday-Friday, 12:30 to 4:00 p.m.)**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number (optional) ( ) - \_\_\_\_\_

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.

Please sign \_\_\_\_\_  
signature of person completing this form date signed

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

**(Please note that if you pick up your record in person, you must bring valid government-issued picture ID.)**