

WESTERLY TOWN CLERK'S OFFICE
45 BROAD STREET
WESTERLY, RI 02891
REQUEST FOR COPY OF VITAL RECORDS

FEE: **WALK-IN: \$22.00 PER COPY/\$18.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ISSUED AT SAME TIME**
FEE: **MAIL-IN: \$25.00 PER COPY/\$18.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ISSUED AT SAME TIME**

PLEASE PRINT -- INCLUDE A PHOTOCOPY OF DRIVERS LICENSE

REQUEST FOR BIRTH CERTIFICATE

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAME

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

PARENT (Birth Name): _____
FIRST MIDDLE LAST NAME

PARENT (Birth Name): _____
FIRST MIDDLE LAST NAME

REQUEST FOR MARRIAGE/CIVIL UNION CERTIFICATE

FULL NAME GROOM/PARTY A: _____
FIRST MIDDLE LAST NAME

FULL NAME BRIDE/PARTY B: _____
FIRST MIDDLE MAIDEN NAME

DATE OF CEREMONY: ____/____/____ PLACE OF CEREMONY: _____, RI
MONTH DAY YEAR TOWN/CITY

REQUEST FOR DEATH CERTIFICATE

FULL NAME: _____
FIRST MIDDLE LAST NAME

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

PERSON MAKING THIS REQUEST:

Telephone # _____

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
STREET TOWN/CITY STATE/ZIP

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____
(i.e.: self, mother, father, spouse, child, grandparents, attorney etc.)

USE OF RECORD: _____ NUMBER OF COPIES REQUESTED: _____
(i.e.: travel, school, insurance, personal, etc - **cannot be used for Apostille / Dual citizenship**)

SIGNATURE: **X** _____ **ARE YOU A VETERAN?** Y N

(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: _____