

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
DEMOGRAPHIC REGISTRY

BIRTH CERTIFICATE APPLICATION BY MAIL

PART I: REGISTRANT'S INFORMATION

1. Name at birth:			
_____	_____	_____	_____
Father's Last Name	Mother's Last Name	First Name	Middle Name
2. Date of birth: (month/date/year)		3. Place of birth: (town and hospital)	
4. Father's Name:		5. Mother's Name:	
6. The certificate will be used for:			7. Number of copies:

Part II: APPLICANT'S INFORMATION*

1. Applicant's Name:				2. Relationship:**	
_____	_____	_____	_____		
Father's Last Name	Mother's Last Name	First Name	Middle Name		
3. Applicant's address:			4. Address where you want the certificate to be sent:		
5. Applicant's identification included: <input type="checkbox"/> Other			6. Applicant's signature and date:		
<input type="checkbox"/> Driver's Lic, <input type="checkbox"/> State ID, <input type="checkbox"/> Passport, <input type="checkbox"/> Public Assistance, <input type="checkbox"/> Other					

IMPORTANT: FIRST COPY \$5.00 EACH / ADDITIONAL COPY \$4.00 OF SAME PERSON

<ol style="list-style-type: none"> Applicants living out of Puerto Rico send the application to the following address: Demographic Registry PO Box 11854, San Juan Puerto Rico 00910 If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application. Applicant must send a photocopy of a recent valid photo-identification card. Applicant in Puerto Rico: Please send \$5:00 internal Revenue Stamp for the first copy requested and \$4.00 for each additional copy for the same person. Applicant out of Puerto Rico: Please send \$5.00 Money Order payable to Secretary of the Treasury. Please send a self-addressed-stamped-envelope to mail in your certificate. For rush mail as Fedex, Exp. Mail, Registered, UPS, etc. our address is: 171 Quisqueya Street, Hato Rey, PR 00917
WRITE CLEARLY YOUR NAME AND ADDRESS

*Applicant - means registrant, their children over 18 years of age, legal representative.

**Relationship - relation between the applicant and the registrant. This blank will be filled out if applicant and Registrant is not the same person.

Please send with your request an envelope with your mailing address and a \$1.50 postal stamp, so we can send your Certificate as requested (Other methods to receive your Certificate might be applying for it on www.pr.gov or www.VitalCheck.com)