



COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
VITAL RECORDS OFFICE

MAIL-IN BIRTH CERTIFICATE APPLICATION

Modelo: RD 225

Oct-16

PART I: REGISTRANT'S INFORMATION

1. Full Name			
_____	_____	_____	_____
Father's Last Name	Mother's Last Name (Maiden Name)	First Name	Middle Name
2. Date of Birth: (mm/dd/yyyy)		3. Place of Birth: (Municipality)	
_____		_____	
4. Father's Full Name:		5. Mother's Full Name: (Maiden)	
_____		_____	
6. Application Purpose:			7. Number of Copies
_____			_____

PART II: APPLICANT'S INFORMATION

1. Full Name:			2. Kinship / Relationship:	
_____	_____	_____	_____	
Last Name	First Name	Middle Initial		
3. Mailing Address:			4. Contact Information:	
Address Line 1: _____			Telephone # _____	
Address Line 2: _____			_____	
_____			Email Address _____	
City State Zip Code				
5. Identification Included:			6. Applicant Signature:	
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Passport	
<input type="checkbox"/>	State Identification	<input type="checkbox"/>	Other	
_____			7. Date	

APPLYING INSTRUCTIONS:

- Certificate Cost: **First copy \$7.00; additional copies \$12.00 each. Maximum 3 copies per year.**
- Registrant's over 60 years of age residing in Puerto Rico can apply for one (1) free birth certificate copy; additional copies cost \$12.00 ea.
- Registrant's over 60 years of age **NOT residing in Puerto Rico**; first copy \$7.00; additional copies \$12.00 ea.
- Veterans **residing in Puerto Rico** can apply for one (1) free birth certification copy; additional copies cost \$12.00 ea. Veterans must present a copy of DD-214 Form.
- Veterans **NOT residing in Puerto Rico**; first copy \$7.00; additional copies \$12.00 ea.
- The applicant must send the exact amount of money necessary to cover the certificate(s) cost. All applications involve a search in our database and records. Any amount of money in excess will be retained as an administrative fee.
- Accepted form of payment: **MONEY ORDER ONLY**, payable to: *Secretary of Treasury*; NO Cash or Checks.
- Accepted forms of Identification: Non-Expired Driver's License, Passport, State ID; copies must be clear, legible, with photo and signature. Please photocopy both sides of the valid identification.
- If using a spouse's surname on your identification, please provide copy of marriage license, to verify maiden name, as shown on birth certificate. If you have married more than once, please submit copies of all marriage certificates.
- If the applicant is mother, father, or legal representative of an 18 years of age or older child of the registrant, an authorization letter signed with a valid identification from the registrant must be attached to this application.
- To verify kinship, a child of the registrant born **outside of Puerto Rico** must provide a copy of *their* birth certificate.
- Please send a pre-addressed stamped envelope.

MAILING INSTRUCTIONS:

- Postal Address: Demographic Registry
P.O. Box 11854
Fernández Juncos Station
San Juan, Puerto Rico 00910

For additional information or questions, please call: (787) 765-2929 Ext. 6131 or via email at regdem@salud.pr.gov