

**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 *

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: __ Other __ Driver's Lic. __ State ID __ Passport __ Public Assistance			6. Applicant's signature and date:		

IMPORTANT: FIRST COPY \$5.00 EACH / ADDITIONAL COPY \$4.00

<p>1. If event occurred from June 22, 1931 to present apply with us at the following address: Demographic Registry - P.O. Box 11854 - San Juan, Puerto Rico 00910</p> <p>2. If event occurred from 1885 to June 21, 1931 write to the Municipality where the event occurred.</p> <p>3. Please send a photocopy of an IDENTIFICATION WITH PHOTO OF APPLICANT.</p> <p>4. Applicants in Puerto Rico, please send a \$5.00 Internal Revenue stamp for the first copy. Additional copy \$4.00.</p> <p>5. Applicants out of Puerto Rico, please send a \$5.00 postal money order for the first copy, payable to the SECRETARY OF THE TREASURY. Additional copy \$4.00.</p> <p>6. Please send a self-addressed stamped envelope to mail in your certificate.</p>
WRITE CLEARLY YOUR NAME AND ADDRESS

* Applicant - means registrant, their children of 18 years of age and older or legal representative.
 ** Relationship - relation between the applicant and the registrant. This blank will be filled out if the applicant and registrant is not the same person.