# 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:**
  - Father’s Last Name
  - Mother’s Last Name
  - First Name
  - Middle Name

- **Relationship:**

- **Applicant’s address:**

- **Address where you want the certificate to be sent:**

- **Applicant’s identification included:**
  - Driver’s Lic.
  - State ID
  - Passport
  - Public Assistance

- **Applicant’s signature and date:**

### Important: First Copy $5.00 Each / Additional Copy $4.00

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

2. If event occurred from 1885 to June 21, 1931 write to the Municipality where the event occurred.

3. Please send a photocopy of an IDENTIFICATION WITH PHOTO OF APPLICANT.

4. Applicants in Puerto Rico, please send a $5.00 Internal Revenue stamp for the first copy. Additional copy $4.00.

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.

6. Please send a self-addressed stamped envelope to mail in your certificate.

### 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.