RD-225 MOD 12/08

1 Mar

### COMMONWEALTH OF PUERTO RICO DEPARTMENT OF HEALTH DEMOGRAPHIC REGISTRY

## BIRTH CERTIFICATE APPLICATION BY MAIL

### PART I: REGISTRANT'S INFORMATION

at binth

1. Ivame at pirtu:					
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 u	ised 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	e 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,Other	6. Applicant's sig	nature and date:

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

- 1. Applicants living out of Puerto Rico send the application to the following address: Demographic Registry PO Box 11854, San Juan Puerto Rico 00910
- 2. If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application.
- 3. Applicant must send a photocopy of a recent valid photo-identification card.
- 4. 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.
- 5. Applicant out of Puerto Rico: Please send \$5.00 Money Order payable to Secretary of the Treasury.
- 6. Please send a self-addressed-stamped-envelope to mail in your certificate.
- 7. 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.

<sup>\*\*</sup>Relationship – relation between the applicant and the registrant. This blank will be filled out if applicant and Registrant is not the same person.