

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

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

<ol style="list-style-type: none">1. Applicants living out of Puerto Rico send the application to the following address: Demographic Registry PO Box 11854, San Juan Puerto Rico 009102. 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.

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