

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: <input type="checkbox"/> Other			6. Applicant's signature and date:		
<input type="checkbox"/> Driver's Lic, <input type="checkbox"/> State ID, <input type="checkbox"/> Passport, <input type="checkbox"/> Public Assistance, <input type="checkbox"/> Other					

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

<ol style="list-style-type: none"> <li>Applicants living out of Puerto Rico send the application to the following address: Demographic Registry PO Box 11854, San Juan Puerto Rico 00910</li> <li>If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application.</li> <li>Applicant must send a photocopy of a recent valid photo-identification card.</li> <li>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.</li> <li>Applicant out of Puerto Rico: Please send \$5.00 Money Order payable to Secretary of the Treasury.</li> <li>Please send a self-addressed-stamped-envelope to mail in your certificate.</li> <li>For rush mail as Fedex, Exp. Mail, Registered, UPS, etc. our address is: 171 Quisqueya Street, Hato Rey, PR 00917</li> </ol>
<b>WRITE CLEARLY YOUR NAME AND ADDRESS</b>

\*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.

**Please send with your request an envelope with your mailing address and a \$1.50 postal stamp, so we can send your Certificate as requested (Other methods to receive your Certificate might be applying for it on [www.pr.gov](http://www.pr.gov) or [www.VitalCheck.com](http://www.VitalCheck.com))**