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

BIRTH CERTIFICATE APPLICATION BY MAIL

1. Name at		INFORMATION			
Father's L	ast 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:			<u> </u>	7. Number of copies:	
Part II: APP	LICANT'S IN	FORMATION*			
1.Applicant's Name:				2. Relationship: **	
Father's La	ast Name Mo	other's Last Name First Nam	ne Middle Name		
3. Applicant's address:			4. Address wher	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					
IMPORTAN	NT: FIRST &C	PY \$5.00 EACH / ADDITIO	NAL COPY \$4.00 C	OF SAME PERSON	
				ress: Demographic Registry PO Box 11854,	
Sa	n Juan Puerto R	ico 00910			
2. If	If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application.				
3. A	Applicant must send a photocopy of a recent valid photo-identification card.				
4. A	Applicant in Puerto Rico: Please send \$5:00 internal Revenue Stamp for the first copy requested and \$4.00 for each				
		the same person.			
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.