

COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF HEALTH  
DEMOGRAPHIC REGISTRY

BIRTH CERTIFICATE APPLICATION BY MAIL

**PART I: REGISTRANT'S INFORMATION**

<b>1. Name at birth:</b>			
_____	_____	_____	_____
<b>Father's Last Name</b>	<b>Mother's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>2. Date of birth: (month/date/year)</b>		<b>3. Place of birth: (town and hospital)</b>	
<b>4. Father's Name:</b>		<b>5. Mother's Name:</b>	
<b>6. The certificate will be used for:</b>			<b>7. Number of copies:</b>

**Part II: APPLICANT'S INFORMATION\***

<b>1. Applicant's Name:</b>			<b>2. Relationship:**</b>	
_____	_____	_____	_____	
<b>Father's Last Name</b>	<b>Mother's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>3. Applicant's address:</b>			<b>4. Address where you want the certificate to be sent:</b>	
<b>5. Applicant's identification included: __ Other</b>			<b>6. Applicant's signature and date:</b>	
__ 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"> <li>1. 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>2. If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application.</li> <li>3. Applicant must send a photocopy of a recent valid photo-identification card.</li> <li>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.</li> <li>5. Applicant out of Puerto Rico: Please send \$5.00 Money Order payable to Secretary of the Treasury.</li> <li>6. Please send a self-addressed-stamped-envelope to mail in your certificate.</li> <li>7. 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.