



VALID PHOTO IDENTIFICATION IS REQUIRED WHEN REQUESTING FOR CNMI VITAL RECORD.

WHO IS ELIGIBLE TO APPLY FOR A BIRTH CERTIFICATE?	<p>CNMI Birth Records are restricted public records. According to the Vital Statistics Act, birth records less than 100 years old are confidential and may only be issued to the following eligible persons provided below:</p> <p>Select the category that qualifies <u>YOU</u> to request and/or obtain birth certificate from the Health and Vital Statistics Office.</p> <p> <input type="checkbox"/> Individual named on the birth certificate <input type="checkbox"/> Government¹: Local, State, Federal (Memo Justification) </p> <p> <input type="checkbox"/> Legal spouse </p> <p> <input type="checkbox"/> Parent(s) or grandparent(s) </p> <p> <input type="checkbox"/> Child or grandchild who is 18 years old or older </p> <p> <input type="checkbox"/> Authorized representatives, including: <ul style="list-style-type: none"> Individuals² named on the Affidavit to Release Birth Certificate by the registrant, legal spouse, parent(s), grandparent(s), child, and/or grandchild, Individuals named on a court decree (<i>e.g., guardian, legal counsel, others</i>). </p> <p>¹ Government representative must submit request on company letterhead, stating the purpose for requesting access to CNMI vital record.</p> <p>² Individuals including guardian, legal counsel, and others as authorized by the Affidavit to Release Birth Certificate form.</p>										
	<p>CONTACT INFORMATION</p> <p>FULL NAME OF PERSON REQUESTING BIRTH CERTIFICATE</p> <p>MAILING ADDRESS</p> <p>CITY: STATE: ZIP Code:</p> <p>TELEPHONE NUMBER: E-MAIL ADDRESS:</p> <p>PHOTO IDENTIFICATION REQUIRED (Please attach photo ID with request)</p>										
<p>NOTE: Pursuant to 1CMC § 26025 of the Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly obtains and uses a CNMI vital record under false or fraudulent purposes.</p>											
<p>By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.</p>										<p>Date signed:</p>	
REGISTRANT INFORMATION	CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD		FIRST NAME:		MIDDLE NAME:		LAST NAME:		SUFFIX		
	IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME		FIRST NAME:		MIDDLE NAME:		LAST NAME:		SUFFIX		
	DATE OF BIRTH		MONTH (MM)	DAY (DD)	YEAR (YYYY)	SEX					
	PLACE OF BIRTH		LOCATION OF BIRTH:				STATE		COUNTRY		
	MOTHER'S/ PARENT'S NAME		FIRST NAME:		MIDDLE NAME:		LAST NAME PRIOR TO FIRST MARRIAGE		SUFFIX		
			ETHNICITY:		BIRTH STATE:		BIRTH STATE:				
	FATHER'S/ PARENT'S NAME		FIRST:		MIDDLE:		LAST NAME:		SUFFIX		
			ETHNICITY:		BIRTH COUNTY:		BIRTH STATE:				
	<p align="center">PAYMENT INFORMATION:</p> <p>1. Number of certificate(s) ordering : _____</p> <p>2. Total number of authenticated certificates : \$ 25.00 X _____ (number of certificates) = \$ _____</p> <p>3. Service fee for mailing ALL certificates : \$ 5.00 = \$ 5.00</p> <p align="right">TOTAL AMOUNT DUE = \$ _____</p>										
	<p align="center">Make cashier's check or money order payable to Commonwealth Healthcare Corporation</p> <p align="center">Mail order forms(s) and payment to: Health & Vital Statistics Office, PO Box 500409, Saipan MP 96950</p>										

Form#: HVSO-BC001(20250519)

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