



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
Health & Vital Statistics Office
Birth Certificate Request Form



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 persons provided below:</p> <p>Select the category that qualifies <u>YOU</u> to request and/or receive birth certificate from the Health and Vital Statistics Office.</p> <p><input type="checkbox"/> Registrant aged 18 years old and above</p> <p><input type="checkbox"/> Legal guardian (must provide proof)</p> <p><input type="checkbox"/> Legal representative of one of the above persons (must provide proof)</p> <p><input type="checkbox"/> Parent(s) listed on the Birth Record</p> <p><input type="checkbox"/> Court Order (must provide copy)</p> <p>If requestor is not one of the above, the Birth Certificate Request Form must be accompanied with a notarized Affidavit to Release a Birth Certificate (HVS0-ARBC001) signed by one of the above, along with any supporting documentation and a copy of valid photo ID of both the person authorizing release and the requestor.</p>
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CONTACT INFORMATION	FULL NAME OF PERSON REQUESTING BIRTH CERTIFICATE		PHOTO IDENTIFICATION REQUIRED <i>(Please attach photo ID with request)</i>
	MAILING ADDRESS		
	CITY:	STATE:	ZIP Code:
	TELEPHONE NUMBER:	E-MAIL ADDRESS:	

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.

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses. <div style="float: left; margin-top: 10px;"> </div>	Date signed:
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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 STATE:	BIRTH STATE:		

PAYMENT INFORMATION:			
1. Number of certificate(s) ordering	: _____		
2. Total number of authenticated certificates	: \$ 25.00 X _____ (number of certificates)	= \$ _____	
3. Service fee for mailing ALL certificates <i>(mailing usually takes 2-3 weeks)</i>	: \$ 5.00	= \$ 5.00	
TOTAL AMOUNT DUE = \$ _____			

Make check or money order payable to Commonwealth Healthcare Corporation
Mail order to: Health & Vital Statistics Office, PO Box 500409, Saipan MP 96950

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