



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
 1 Lower Navy Hill Road, Navy Hill, Saipan, MP 96950



Health & Vital Statistics Office
Birth Certificate Request Form

Date form completed: _____

Date form received: _____

INSTRUCTIONS	<ul style="list-style-type: none"> CNMI Birth Records are restricted public records. We issue authenticated certificate(s) at the request of the family member(s) and/or Court appointed Legal guardian (PASSPORT PHOTO COPY REQUIRED). At the written request of family member(s) and/or Court appointed Legal guardian, we may also issue authenticated certificate(s) to authorized representatives (PASSPORT PHOTO COPY REQUIRED). We only accept checks or money orders for mail orders. Do not send cash or credit card information. If adopted, provide your adoptive name and adoptive parents' information. We treat your information with strict confidentiality. Our ultimate purpose is to protect and secure your information from unauthorized disclosure. Please print and complete this form. After completion, mail completed form to the address provided at the bottom of this form. 		
ELIGIBILITY	ELIGIBILITY – Select the category that qualifies YOU to request and receive the requested NMI birth record <input type="checkbox"/> Person named on the record <input type="checkbox"/> Parent named on the record <input type="checkbox"/> Family member or relative <input type="checkbox"/> Legal guardian (copy of court documented guardianship papers is required) <input type="checkbox"/> Authorized person (notarized written authorization letter from parent(s) named on the record is required) <input type="checkbox"/> Other (specified) : _____		
CONTACT INFORMATION	Name of person ordering authenticated certificate(s):		PHOTO IDENTIFICATION REQUIRED <i>(Please attach photo ID with request)</i>
	Address of person requesting to:		
	City:	State:	ZIP Code
	Contact's telephone number(s):		e-mail address:
REQUEST FOR AUTHENTICATED BIRTH CERTIFICATE(S): Complete ALL fields below with exact and complete information.			
Full Name on Certificate: (First name, Full middle name, Last name, and Generation if any.. i.e. Jr, Sr, I, II, III)			
Date of Birth (Month/Day/Year)		County of Birth: <input type="checkbox"/> Saipan <input type="checkbox"/> Tinian <input type="checkbox"/> Rota <input type="checkbox"/> Northern Islands (specify): _____	
MOTHER INFORMATION	Mother's Name on Certificate (First name, Full middle name, Last name)		
	Mother's Maiden Name on Certificate		
	Ethnicity	Birth State	Birth Country
FATHER INFORMATION	<input type="checkbox"/> <i>Father's Information NOT STATED on Certificate</i>		
	Father's Name on Certificate (First name, Full middle name, Last name and Generation if any.. i.e. Jr, Sr, I, II, III)		
	Ethnicity	Birth State	Birth Country
Complete payment and mailing information below:			
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 : \$ 5.00 = \$ <u>5.00</u>			
<i>(mailing usually takes 2-3 weeks)</i>			TOTAL AMOUNT DUE = \$ _____
Make checks or money orders payable to Commonwealth Healthcare Corporation			
Mail order(s) to: Health & Vital Statistics Office, PO Box 500409, Saipan MP 96950			

Form#: HVSO-BCRF001(20140731)