

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.

8	CNMI Birth Records are restricted public records. According to the Vital Statistics Act, birth records less than 100 years old are											
r For	confidential and may only be issued to the following persons provided below:											
WHO IS ELIGIBLE TO APPLY A BIRTH CERTIFICATE?	Select the category that qualifies YOU to request and/or receive birth certificate from the Health and Vital Statistics Office.											
은 분	☐ Registrant aged 18 years old and above				☐ Parent(s) listed on the Birth Record							
BLE CER	☐ Legal guardian (must provide proof)				☐ Court Order (must provide copy)							
19. T	☐ Legal representative of one of the above persons (must provide proof)											
S EI BIR												
0 A	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 (<u>HVSO-ARBC001</u>) 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.											
	FULL NAME OF PERSON REQUESTING BIRTH CERTIFICATE								РНОТО	IDENTIFICATION REQ	JIRED	
CONTACT INFORMATION										ase attach photo ID with request)		
	MAILING ADDRESS											
	CITY	1	T orange						71D.C			
	CITY:			STATE:					2	ZIP Code:		
	ELEPHONE 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. Date signed:												
SIGN HERE												
REGISTRANT INFORMATION	CHILD'S FULL NAME AS	FIRST NAME:			MIDDLE NAME:			LAST NAME:			SUFFIX	
	SHOWN ON BIRTH RECORD											
	IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST NAME:				MIDDLE NAME:			LAST NAME:		SUFFIX	
	DATE OF BIRTH	MONTH (MM)	DAY (DD)	YEAR (YYY	<u>'Y)</u>	SEX						
	PLACE OF BIRTH	LOCATION OF BIRTH:		•	STATE			COUNTRY				
	MOTHER'S/ FIRST NAME: PARENT'S NAME			MIDDLE NAME:			LAST NAME PRIC	ST NAME PRIOR TO FIRST MARRIAGE		SUFFIX		
TR/	I ANEIVI S NAIVIE	ETHNICITY:					DIDTHISTATE					
EGIS		ETHNICITY:			BIRTH STATE:			DIKITI STATE.	BIRTH STATE:			
8	FATHER'S/ FIRST:			MIDDLE:			LAST NAME:	LAST NAME: SUFFIX				
	PARENT'S NAME											
		ETHNICITY: B			RTH COUNTY:			BIRTH STATE:	<u>SIRTH STATE:</u>			
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 : $$5.00$ = $$5.00$												
(mo	ailing usually takes 2-3 we	eks)				TC	TAL AMO	OUNT DUE =	\$			
Make check or money order payable to Commonwealth Healthcare Corporation												
Mail order to: Health & Vital Statistics Office, PO Box 500409, Saipan MP 96950												

Form#: HVSO-BCRF001(20210304)