



GOBIERNO DE PUERTO RICO

Departamento de Salud

PUERTO RICO DEPARTMENT OF HEALTH DEMOGRAPHIC REGISTRY

APPLICATION FOR PUERTO RICO BIRTH CERTIFICATION

M RD 225

Revised 04/ 2017

PART I: REGISTRANT INFORMATION

1.Full Name:			
_____	_____	_____	_____
Last Name	Mother's Last Name	First Name	Middle Name
2.Date of Birth: (mm/dd/yyyy)		3.Place of Birth: (Country)	
_____		_____	
4.Father's Name:		5.Mother's Name:	
_____		_____	
6.Purpose:			7.Number of Copies
_____			_____

PART II: APPLICANT INFORMATION

1.Full Name:		2. RELATIONSHIP TO PERSON LISTED ABOVE (PART:1)	
(A person ordering his or her own certification should enter "SELF" in this space.)		_____	
_____	_____	_____	_____
Last Name	First Name	Middle Name	
3.Mailing Address: (Address where you will receive the document)		4.Contact Information:	
Address 1: _____		Telephone: _____	
Address 2: _____		Email: _____	
City State Zip Code			
5.Include ID:		6.Requester Signature:	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Others _____		_____	
		7. Date	_____

IMPORTANT:

- **Cost of Certifications:** \$5.00 first copy, additional copies \$10.00 plus \$2.00 service charge per copy requested.
- **Applicants over 60 years of age residing in Puerto Rico:** will receive one (1) copy of the certification free of cost, additional certifications are \$10.00 plus a \$2.00 service charge per copy.
- **Applicants over 60 years of age NOT residing in Puerto Rico:** \$5.00 first copy; additional certifications \$10.00 plus a \$2.00 service charge per copy.
- Veterans residing in Puerto Rico will receive one (1) certification free of cost; additional certifications \$10.00 plus a \$2.00 service charge per copy. Please include Form **DD-214**.
- **Veterans NOT residing in P.R.:** \$5.00 first copy, additional copies \$10.00 plus \$2.00 service charge each one. (**Circular letter number OPVELA-2015-02**)
- The applicant must send the exact amount of money to cover the cost of the certification and service charges. Every request requires a search in the data and record system. Fees are non-refundable.
- **Accepted payment methods: ONLY MONEY ORDER**, on behalf of the **SECRETARY OF TREASURE**; DO NOT SEND personal checks or cash.
- **Acceptable forms of identification:** Driver's license, Passport or State Identification Card; Copies must be current, clear and legible. Please include a copy of both sides of the identification.
- If you use a married last name in your Identification, please provide a copy of your marriage certificate, to confirm the maiden name according to how your name appears on the birth record.
- For validate kinship a son of the registrant must send copy of his or her certification of birth if not born in Puerto Rico.
- Applicants must be directly related to the registrant, according to the **Law 24 of 1931, Law of the Demographic Registry**; mother or father, sons, legal guardian (by means of judicial order) or legal representative.
- Please send pre-addressed envelope stamped envelope.
- Return shipping via **REGULAR** mail **ONLY**.

SHIPPING INSTRUCTIONS

- **Postal Address:**
Registro Demográfico
PO Box 11854
Fernández Juncos Station
San Juan, Puerto Rico 00910

For additional information or questions, please call at: (787) 765-2929 Ext. 6131 or email : regdem@salud.pr.gov