DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Form RD 225 English Rev. 06/2026

PUERTO RICO MAIL IN BIRTH CERTIFICATION APPLICATION

INSTRUCTIONS

Step 1: Establish eligibility (see Eligibility Information).
Step 2: Complete the Birth Certificate Application Form in its entirety, including the applicant's signature.
Step 3: Submit a valid and current identification document. All identification documents must be clear, legible, and current (see Identification Requirements).
Step 4: Include additional documentation, if necessary, to establish relationships and/or evidence of the use of a married surname in the past.
Step 5: Submit the corresponding payment. Internal Revenue stamps must be provided according to the number of certificates requested. If the requested record cannot be located or the requirements established in these instructions are not met, you will receive a document titled *Cancellation Due to Search*."
Step 6: Mail the completed application, money order or printed digital stamp, all required documents, and a self-addressed envelope to the following mailing address:

Demographic Registry of Puerto Rico,
Fernandez Juncos Station PO Box 1185
San Juan, PR 00910

ELEGIBILITY – INTERESTED PARTY (WHO MAY REQUEST A BIRTH CERTIFICATE)

- Registered person 18 years or older
- Parent(s) as listed on the birth record
- Grandparents, children, and grandchildren of either spouse (if not born in Puerto Rico, a copy of their birth certificate must be submitted).
- Heir (must submit a certified copy of the Will or Declaration of Heirs, which may be subject to a validation process in Puerto Rico).
- Attorney
- Custodian or legal guardian of the contracting party[1] (must present a court order, which may be subject to a validation process).
- Any party identified as an interested party by order of the Puerto Rico court.

IDENTIFICATION REQUIREMENTS

All identification documents must be current and valid, and must include the holder's name, photograph, signature, date of issuance, and expiration date. If the applicant was married outside of Puerto Rico and uses a married surname on their identification, a copy of the marriage certificate must be submitted to verify the surname change

Only the following identifications will be accepted:
• United States or foreign passport
• Driver's License or Identification Card issued by the Government of Puerto Rico through the Department of Transportation and Public Works
• U.S. Armed Forces Identification
• Driver's License or Identification Card issued by any U.S. state or territory (Department of Motor Vehicles; and by the Federal Government of the United States and any of its instrumentalities)
• Resident Card (temporary or permanent)

The following identifications will be accepted for attorneys:
• Unified Attorney Registry (Registro Único de Abogados/as – RUA)
• Puerto Rico Bar Association (Colegio de Abogados y Abogadas de Puerto Rico – CAAPR)
• Puerto Rico Lawyers Association
• Identification issued by the United States District Court for the District of Puerto Rico (U.S. District Court – District of Puerto Rico)

Birth Certificate	Certification Cost	Processing and Mailing
First certificate	**$5.00**	**$2.00**
Additional copy	**$10.00**	per request

The following cases are exempt from payment for the issuance of certifications from the Demographic Registry:
Cases authorized by law, such as: Act No. 121-2019, as amended, known as the "Bill of Rights and Public Policy of the Government in Favor of Older Adults"; Act No. 1 of January 18, 2022, as amended, known as the "Bill of Rights of Police Officers"; and Act No. 203-2007, as amended, known as the "New Bill of Rights of the Puerto Rican Veteran of the 21st Century"; and any other law that replaces them or recognizes an exemption not contemplated in this section.

Accepted Methods of Payment

- Money Order payable to the Secretary of the Treasury of Puerto Rico. Personal checks are not accepted. Do not send cash.
- Internal Revenue Stamps #5120. Any digital stamp must be printed and submitted as part of the application.
- Applications received without the required certification cost and the processing and mailing fee will not be processed.

[1] It is necessary to present a certified copy of the order. If the order is issued by another jurisdiction, it must go through a validation process in Puerto Rico (exequatur).
In the case of the Family Department, in addition to presenting the court order, they must include an official (stamped) letter indicating the name of the social worker authorized to obtain the certification. The authorized person must meet the identification requirements.

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GOBIERNO DE PUERTO RICO

For official use only

ID correspondencia _____

Internal Revenue Stamp

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PUERTO RICO MAIL IN BIRTH CERTIFICATION APPLICATION

PLEASE REFER TO INSTRUCTIONS, ELIGIBILITY INFORMATION, IDENTIFICATION REQUIREMENTS, PAYMENT AND FEES ON PAGE 1

PART 1 – APPLICANT INFORMATION

NAME	MIDDLE NAME	FIRST LAST NAME	SECOND LAST NAME

RESIDENTIAL ADDRESS				POSTAL ADDRESS			
	City	State or Country	Zip Code		City	State or Country	Zip Code

Phone Number	( )	Mobile Number	( )	Email Address	

ELIGIBILITY in accordance with the definition of an "interested party" as stated by Act No. 24 of April 22nd, 1931, as amended, known as the Puerto Rico Registry Act

☐ Registered (18+) ☐ Mother ☐ Father ☐ Child ☐ Grandparent ☐ Heir ☐ Legal Representative

☐ Legal guardian or appointed person by Court Order ☐ Grandchild: _____, _____

Complete name of the Mother / Father of Grandchild applicant — Complete name of the Mother / Father of Grandchild applicant

PART 2 – APPLICATION PURPOSE *(A purpose must be selected based on the requested number of certifications)*

☐ DRIVER'S LICENSE ☐ SOCIAL SECURITY ☐ HEALTH INSURANCE ☐ MARRIAGE LICENCE ☐ EMPLOYMENT ☐ JUDICIAL PROCEEDING
☐ PASSPORT/TRAVELING ☐ RETIREMIENT ☐ SCHOOL ☐ NUTRITIONAL ASSISTANCE ☐ HOUSING ☐ OTHER: _____

PART 3 – BIRTH RECORD INFORMATION

NAME	MIDDLE NAME	FISRT LAST NAME	SECOND LAST NAME

BIRTH DATE			MUNICIPALITY	PLACE OF BIRTH (HOSPITAL OR ADDRESS)	SEX
MONTH	DAY	YEAR			☐ MASCULINE ☐ FEMENINE

PARENTS INFORMATION:	☐ FATHER ☐ MOTHER		☐ FATHER ☐ MOTHER	
	PLACE OF BIRTH		PLACE OF BIRTH	

PART 4 – ACEPTABLE FORM OF IDENTIFICATION

☐ Driver's License (DTOP or DMV) ☐ Resident Card
☐ State or US territory issued ID card ☐ U.S. Armed Forces Identification
☐ Passport ☐ Unified Attorney Registry (RUA)
☐ Other: _____

▪ Include a photocopy of the applicant's identification on both sides.

PART 6 - APPLICANT'S SIGNATURE

By signing this form, I declare and certify that I am the applicant identified in Part I. I also affirm that the information provided herein is complete and accurate. Failure to comply with the instructions and requirements of this form may result in disqualification of the requested vital record. I am also aware that providing false information or assuming the identity of another person may subject me to criminal prosecution under Articles 211–217, 271, 272, and 273 of the Puerto Rico Penal Code, Act No. 146 of 2012, as amended.

Signature
X

Date: (Month/Day/Year)
_____

PART 5 – FEES AND TYPE OF CERTIFICATION REQUESTED

Each registrant is limited to 3 copies within a 12-month period, regardless of the type of certificate requested (computerized or photocopy). The application fee is non-refundable. If the requested record cannot be located or the requirements established in these instructions are not met, you will receive a document titled *Cancellation Due to Search.*

	Costo	x	Cantidad	=	Total
☐Birth certification	$5.00		1		$
Resident: ☐60 years or older ☐ Veteran ☐ Other: _____	$0.00	x	1	=	$
☐Additional copies	$10.00	x		=	$
Processing and Mailing	$2.00	X	1	=	$2.00
			Sum of total amount due:		$

FOR OFFICIAL USE OF THE DEMOGRAPHIC REGISTRY ONLY

Security Form Number Issued

1.		2.		3.	
# Internal Revenue Stamp	Value	# Internal Revenue Stamp	Value	# Internal Revenue Stamp	Value
1.		2.		3.	
4.		5.		6.	

Dispatched:

Signature:
X_____

For the status of your application and additional information, please contact (787) 765-2929 Ext. 6131 or via email: seguimientosolicitudexpcorreo@salud.pr.gov
Registro Demográfico • PO BOX 11854 San Juan, Puerto Rico 00910-1854 •www.salud.gov.pr• (787)765-2929