

# REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE TOWN

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Records offices in Connecticut, please refer to our website at [www.ct.gov/dph](http://www.ct.gov/dph).

PLEASE PRINT

FULL NAME ON CERTIFICATE*:			
FIRST	MIDDLE	LAST NAME	
DATE OF BIRTH:	/	/	PLACE OF BIRTH:
MONTH	DAY	YEAR	TOWN/CITY
FATHER'S FULL NAME:			
FIRST	MIDDLE	LAST NAME	
MOTHER'S MAIDEN NAME:			
FIRST	MIDDLE	LAST NAME	

PERSON MAKING THIS REQUEST:

NAME:		
FIRST	MIDDLE	LAST NAME
ADDRESS:		
NUMBER/STREET/UNIT #		
TOWN/CITY:	STATE:	ZIP CODE:
TELEPHONE NO:	E-MAIL ADDRESS:	
SIGNATURE: X _____		
RELATION TO PERSON NAMED ON CERTIFICATE: _____		
REASON FOR MAKING REQUEST: _____		

CERTIFICATE SIZE:

<input type="checkbox"/> FULL SIZE  <b>\$20.00 EACH</b>  NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE  The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements such as those needed for a passport.  <b>\$15.00 EACH</b>  NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES: _____ X \$20.00 = \$ _____ _____ X \$15.00 = \$ _____  TOTAL: \$ _____  <b>PLEASE DO NOT MAIL CASH.</b>
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\*If adopted, please provide your adoptive name and adoptive parents' information.

\*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.