

# BIRTH CERTIFICATE REQUEST FORM

**PHOTO I.D. REQUIRED** FEE FOR EACH COPY:

PLEASE PRINT LEGIBLY **\$20.00** FOR FULL SIZE

## PART A - BIRTH CERTIFICATE DATA

FULL NAME AT BIRTH		DATE OF BIRTH
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> Full Size
BIRTHPLACE (City, State, Country)	FATHER'S FULL NAME	
MOTHER'S FULL NAME	MOTHER'S FULL MAIDEN NAME	

## PART B - DATA & CERTIFICATION OF PERSON MAKING REQUEST

YOUR FULL NAME

FULL ADDRESS (number, street, city, state & zip code)

### PLEASE SPECIFY IN WHAT CAPACITY YOU ARE MAKING THIS REQUEST

I am legally entitled to receive a copy of this birth record because *(please check one)*

- I am 18 years of age or older and am requesting a copy of my own birth record
- I am a parent or legal guardian of the person whose birth record I am requesting (written proof of guardianship required)
- I am a grandparent, spouse or child of the person to whom the record of birth relates
- I am a member of a legally incorporated Connecticut genealogy society (membership card required)
- I am 16 or 17 years of age and am requesting a WALLET-SIZE copy of my own birth record
- I am an Attorney at Law
- I am a Conservator of the person
- I am the Director of Health

***Photo identification must be shown in person, or sent with each mail request.***

I, the undersigned, certify under the penalties of false statement, that all of the statements made on this request form are true and correct to the best of my knowledge and belief.

WRITTEN SIGNATURE OF PERSON MAKING REQUEST

DATE

Office use only: ID Type

Office  Mail

BY:

**Send mail requests to: Town Clerk, Town Hall, 36 CENTER STREET, PROSPECT, CT 06712**