Print Form

REQUEST *for* BIRTH CERTIFICATE

PLEASE PRINT CLEARLY

FULL NAME AT BIRTH:_____
FIRST MIDDLE LAST

DATE OF BIRTH: _____PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN: _____STATE:_____ZIP CODE: _____

SIGNATURE:_____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

PLEASE HAVE IDENTIFICATION READY WITH THIS APPLICATION

THE LEGAL FEE IS $20.00 FOR FULL CERTIFIED COPIES

NUMBER OF COPIES WANTED:

_____FULL SIZE, CERTIFIED ($20) _____WALLET SIZE ($15)

Please note: only full size copies are valid legal documents in all instances.

IF YOU ARE REQUESTING COPIES BY MAIL, YOU MAY MAIL THIS REQUEST ALONG WITH A COPY OF REQUESTER'S DRIVER'S LICENSE OR PICTURE IDENTIFICATION & A MONEY ORDER MADE PAYABLE TO VITAL RECORDS
THE FEE IS $20.00 PER COPY MAIL REQUEST TO:

VITAL RECORDS
999 BROAD STREET - 1ST FLOOR
BRIDGEPORT, CT 06604