



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Vital Records

Margaret E. Morton Government Center, 999 Broad Street, Bridgeport, CT 06604
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Maritza Bond, MPH
Director of Health
Albertina Baptista, MPH
Deputy Director of Health
Patricia P. Ulatowski
Assistant Registrar

BIRTH CERTIFICATE

Please Print Clearly

FULL NAME AT BIRTH:

First

Middle

Last

PLACE OF BIRTH:

DATE OF BIRTH (Month/Day/Year: _____

FATHERS'S NAME: _____

MOTHER'S NAME: _____

Person Making this Request:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Signature: **X** _____

Relationship to Person Named in Certificate: _____

Reason for Making Request: _____

Telephone: _____

The legal fee is \$20.00 per copy in cash or money order.

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