

**SEND WITH COMPLETED APPLICATION FORM:** Please see the chart below for the list of documentation you are required to submit with your completed application form.

City of New Haven Entitlement to Full Certified Birth Certificate/Wallet Birth Certificate	
Applicant Relationship to Person Named on Certificate	Required Proof of Entitlement to Certificate
Self	Valid ID
Adult Child	Valid ID + A copy of your birth certificate
Adult Grandchild	Valid ID + A copy of your birth certificate and your parents birth certificate (to provide proof of lineage)
Genealogical Society	Valid ID + A copy of your Member ID Card
Grandparent	Valid ID + A copy of your child's birth certificate (to provide proof of lineage)
Guardian	Valid ID + A copy of the valid guardianship papers certified by the court, naming you as the legal guardian
Spouse	Valid ID + A copy of your marriage certificate
Parent	Valid ID

**SEND WITH COMPLETED APPLICATION FORM:** Current identification (as listed in the chart below) is required for each certificate being requested. Expired IDs will not be accepted. Please include the appropriate documents with your completed application form.

Gather one (1) valid/unexpired primary forms of photo identification				
<b>Primary ID (1)</b>	Current valid driver's license	Current passport	Current non-driver ID issued by DMV	Current military ID card

**OR**

Gather two (2) valid/unexpired secondary forms of identification		
<b>Secondary ID (2)</b>	Social Security Card	Valid government issued trade license or permit
	Birth Certificate of the Requester	Paycheck or Stub from last 90 days or employment photo ID
	Voter Registration card	Car Registration showing your name and address
	Current Paystub or W2	Current utility bill showing name and address within last 90 days
	Current School ID	

**Please note:** If the record you requested is not located, a "Certificate of Search" will be issued. As the request was processed and the certificate was searched for, both the Agency Certificate Fee and the VitalChek Processing Fee are non-refundable.

Please print and fill in all sections below.

**FOR VITALCHEK USE ONLY:**

Order #:

## STEP 1: CERTIFICATE INFORMATION

### Type of certificate requested

**Full Certified Copy** (\$20 each, satisfies all legal transactions)  **Wallet Certified Copy** (\$15 each, contains less information and may not satisfy all proof of identification requirements)

### Full name of child at time of birth (certificate holder)

First Name	Middle Name	Last Name	Suffix
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Father's full name First Name	Middle Name	Last Name	Suffix
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Mother's full name First Name	Middle Name	Maiden Last Name
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Date of birth (MM/DD/YYYY)	Hospital	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reason for request

## STEP 2: INFORMATION ABOUT PERSON REQUESTING THE CERTIFICATE

Your full name (applicant) First Name	Middle Name	Last Name	Suffix
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Your street address	City	State	Zip Code
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Your relationship to person named on certificate

E-mail address (for communication & status updates)	Daytime phone
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Your signature (applicant)	Date of application
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## STEP 3: COST

Number of copies	Qty	Price/ copy	Total
- First copy of Full Certified Cert.		\$20.00 ea	\$
- Additional copies (maximum 10)	x	\$20.00 ea	\$
- First copy of Wallet Certified		\$15.00 ea	\$
- Additional copies (maximum 10)	x	\$15.00 ea	\$
<b>A Total for all copies above</b>			


Selected delivery method (choose one)		
UPS Next Day Air		\$17.50
UPS Alaska, Hawaii, Puerto Rico		\$25.50
UPS to Canada or Mexico		\$26.50
UPS Worldwide Expedited		\$37.25
U.S. Postal Service regular mail		\$ 0.00
<b>B Total for selected delivery</b>		

<b>C Total VitalChek Processing and Handling Fee</b> (non-refundable)	\$6.00
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**Total A + B + C =**

## STEP 4: PAYMENT INFORMATION

Select Payment Method: *Submit separate payment for each application*


 Credit Card  Personal Check  Money Order

**DO NOT SEND CASH**

**Credit Card Information:** (if paying by Credit Card)

Credit Card Number	Expiration Date
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Cardholder's Signature	Date
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*Charges will appear on your credit card statement as: VCN\*CityofNewHaven*

**If paying by check or money order, make payable to VITALCHEK.**

## STEP 5: MAIL YOUR SIGNED AND COMPLETED FORM

**Please mail your completed form, along with ID and additional documentation (if required) to:**

Vital Record Mail Services  
 ATTN: New Haven Vital Records  
 P.O. Box 222130  
 El Paso, TX 79913

Please do not include a pre-paid express mail envelope with your request. Select a delivery method from the box to the left.

**For expedited order placement and processing, please visit [www.VitalChek.com](http://www.VitalChek.com).**