

CITY OF NEW HAVEN
Health Department



424 Chapel Street, 1st Floor • New Haven, Connecticut 06511 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

REQUEST A CERTIFIED COPY OF BIRTH RECORD

PLEASE PRINT

FULL NAME ON CERTIFICATE*:			
FIRST		MIDDLE	LAST NAME
DATE OF BIRTH: / /		PLACE OF BIRTH:	
MONTH DAY YEAR		TOWN/CITY	
MOTHER/PARENT:			
FIRST		MIDDLE	LAST NAME(Include name prior to first marriage if applicable)
FATHER/PARENT:			
FIRST		MIDDLE	LAST NAME(Include name prior to first marriage if applicable)

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	<input type="checkbox"/> WALLET SIZE	TOTAL NUMBER OF COPIES:
\$20.00 EACH	<div>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.</div> \$15.00 EACH	_____ X \$20.00 = \$ _____
		_____ X \$15.00 = \$ _____
		TOTAL: \$ _____.
NUMBER OF COPIES: _____	NUMBER OF COPIES: _____	

Attach a copy of the requester's valid government issued photo ID or passport below:

Or two (2) forms of the following:

- Social security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter's registration card

*If adopted, please provide your adoptive name and adoptive parents' information.

VS-39B REV 12/21

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