

165 Church Street, Suite 154 • New Haven, Connecticut 06510 • 203-946-8084

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 \$20.00 EACH NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE <div style="background-color: yellow; padding: 5px; font-size: small;"> 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 NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES: _____ X \$20.00 = \$ _____ _____ X \$15.00 = \$ _____ TOTAL: \$ _____.
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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.

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