## CITY OF NEW HAVEN Health Department



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

REQUEST FORM – COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON VS – OAR0001 (NEW 6/21)

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

## REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the TOWN OF BIRTH Vital Records Office

An adopted person who is at least 18 years old, or the adopted person's adult child or grandchild may use this form to request a copy of the original birth certificate of the adopted person.

All other person's seeking to obtain a copy of the adopted person's copy of the original birth certificate must obtain a court order.

## ADOPTION INFORMATION (Please Print)

Original records of adopted persons may be stored off-site and may not be immediately available for walk-in service. Contact the Town where adopted person was born for information or complete and mail this form with payment to the City of Birth.

PLACE OF BIRTH:    MONTH DAY YEAR	ADOPTIVE NAME:			
MOOPTIVE MOTHER'S/ ADOPTIVE PARENT NAME:  FIRST MIDDLE LAST NAME (MAIDEN If applicable)  ADOPTIVE FATHER'S/ADOPTIVE PARENT NAME:  FIRST MIDDLE LAST NAME (Maiden, If applicable)  PERSON MAKING THIS REQUEST:  HAME:  FIRST MIDDLE LAST NAME  MIDDLE LAST NAME  ADDRESS:  NUMBER STREET  OWN/CITY:  STATE:  TELEPHONE NO.:  TE		FIRST	MIDDLE	LAST NAME
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FIRST MIDDLE LAST NAME (MAIDEN If applicable)  ADOPTIVE FATHER'S/ADOPTIVE PARENT NAME:  FIRST MIDDLE LAST NAME (Maiden, If applicable)  PERSON MAKING THIS REQUEST:  NAME:  FIRST MIDDLE LAST NAME  ADDRESS:  NUMBER STREET  FOWN/CITY:  FIRST STATE:  STATE:  E-MAIL ADDRESS (optional):  FIRST MIDDLE LAST NAME  LAST NAME (Maiden, If applicable)	MONTH DAY YEAR			TOWN/CITY
FIRST MIDDLE LAST NAME (MAIDEN If applicable)  ADOPTIVE FATHER'S/ADOPTIVE PARENT NAME:  FIRST MIDDLE LAST NAME (Maiden, If applicable)  PERSON MAKING THIS REQUEST:  NAME:  FIRST MIDDLE LAST NAME  ADDRESS:  NUMBER STREET  FOWN/CITY:  FELEPHONE NO.:  E-MAIL ADDRESS (optional):  SIGNATURE: X	ADODTIVE MOTUEP'S / ADODTIVE DADEN	T NIANAE.		
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	SIGNATURE: <b>X</b>			
ELATION TO PERSON NAMED IN CERTIFICATE:				
	RELATION TO PERSON NAMED IN CERTIF	ICATE:		
	PEASON FOR MAKING PEOLIEST			

- SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Ex: valid driver's license, passport, state issued ID)
- IF YOU ARE THE ADOPTED PERSON'S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Ex: birth certificates)
- SEND COURT ORDER IF APPLICABLE
- SEND MONEY ORDER IN THE AMOUNT OF \$65.00 MADE PAYABLE TO TOWN OF BIRTH. DO NOT SEND CASH
- MAIL REQUEST AND \$65.00 PAYMENT TO TOWN OF BIRTH. REFER TO TOWN WEBSITE OR portal.ct.gov/dph/vital-records/contact-us