

CITY OF NEW HAVEN

Health Department



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

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.

ADOPTIVE NAME: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

ADOPTIVE 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:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ E-MAIL ADDRESS (optional): _____

SIGNATURE: **X** _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

- 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