

## REQUEST FOR COPY OF BIRTH CERTIFICATE

**PLEASE PRINT**

**DO NOT MAIL CASH**

FULL NAME AT BIRTH: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR TOWN/ CITY

FATHER'S FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME

**PERSON MAKING THIS REQUEST:**

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

ADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN / CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS (optional) \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_

RELATION TO PERSON NAMED IN CERTIFICATE: \_\_\_\_\_

REASON FOR MAKING REQUEST: \_\_\_\_\_

**CERTIFICATE SIZE:** \_\_\_\_\_ **WALLET SIZE** (Fee \$15.00) \_\_\_\_\_ **NUMBER OF COPIES**  
\_\_\_\_\_ **FULL SIZE** (Fee \$20.00) \_\_\_\_\_ **NUMBER OF COPIES**

\*Note that 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 to obtain passports.

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION AND VERIFICATION OF  
RELATIONSHIP TO REGISTRANT

FEE: \$20.00 FOR FULL SIZE AND \$15.00 FOR WALLET SIZE PER COPY.

MONEY ORDER MADE PAYABLE TO THE CITY OF TORRINGTON.

MAIL THIS REQUEST WITH PAYMENT TO:

**CITY CLERK, 140 MAIN ST, TORRINGTON, CT 06790**

**ATTACH COPY OF PICTURE IDENTIFICATION HERE:**