

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: