

Registrar of Vital Statistics
165 Church Street
New Haven, CT 06510 USA
(203) 946-7931

Birth Certificate Application

PLEASE PRINT & COMPLETE ALL SECTIONS BELOW.

I. LEGAL FEES

TODAY'S DATE: _____ METHODS OF PAYMENT: IF **IN-PERSON**, CASH OR MONEY ORDER ONLY!

OF COPIES: _____ FULL CERTIFIED COPY LEGAL FEE \$20.00 EACH (The full size birth certificate satisfies all legal transactions.)

OF COPIES: _____ WALLET CERTIFIED COPY LEGAL FEE \$15.00 EACH (The wallet size birth certificate contains less information than the full certificate. It may not satisfy all proof of identification requirements.)

II. BIRTH CERTIFICATE REQUEST

FULL NAME ON

CERTIFICATE*: _____ / _____ / _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: _____ / _____ / _____ SEX: MALE FEMALE

HOSPITAL: _____ TOWN OF BIRTH: _____

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S FULL MAIDEN NAME: _____
FIRST MIDDLE LAST NAME

III. PERSON MAKING THE REQUEST

NAME: _____ / _____ / _____
FIRST MIDDLE LAST NAME

ADDRESS: _____

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

RELATIONSHIP TO PERSON: SELF PARENT CT MEMBER OF GENEALOGISTS SOCIETY

PROOF OF RELATIONSHIP IS REQUIRED IF YOU ARE THE: SON/DAUGHTER GRANDPARENT GUARDIAN SPOUSE

SIGNATURE: _____

IV. ACCEPTABLE FORMS OF ID

To purchase a birth certificate you would need one of the following listed below:

- Current Valid Drivers License
 - Current Non-Driver ID issued by DMV
 - Current Passport
 - Current Valid Military ID
- OR two (2) forms of the following:
- Social Security Card
 - Medical Insurance Card
 - Current utility bill showing name and address
 - Voter's Registration Card
 - Car Registration showing your name and address

V: FOR MAIL REQUESTS ONLY

Full Size Birth Certificate can only be obtained by the individual if he/she is 18 or over, parent or legal guardian with proof.
You must be at least 16 years old to obtain a wallet size.

Please make sure to mail the completed request with the following requirements:

- Form completed
- Copy of Acceptable Form(s) of ID. Please refer to part IV.
- Money Order only made payable to Vital Records. (Please do not mail Cash. Personal Checks are not accepted.)
- Please provide DAY TIME PHONE NUMBER below:

Phone Number: (_____) _____

VI. FOR OFFICE USE ONLY

PCN #: _____

WE DO NOT ACCEPT EXPIRED ID.