

Application for Copy of Birth Certificate

Registrar of Vital Statistics
165 Church Street
New Haven, CT 06510 USA

Date Issued: _____

_____ **Legal Fee \$20.00** **Full Certified Copy**

_____ **Legal Fee \$15.00** **Wallet Size Copy**

I am applying for the Birth Certificate of:

Full Name at Birth			
	(First, Middle & Last Name)		
Date of Birth			
	(Month)	(Day)	(Year)
Sex	Male	Female	
Place of Birth			
	(Town)	(Hospital or Street & Number)	
Father's Name			
Father's Birthplace		Race	
Mother's Full Maiden Name			
Mother's Birthplace		Race	
I certify that this is a birth certificate for:	My own Child	My Own	
Address of Applicant			
City, State & Zip			
Signature of Applicant			

WE DO NOT ACCEPT EXPIRED ID OF ANY KIND

Acceptable Forms of **Photo** Identification

❖ Current Valid Drivers License	❖ Current Non-driver Id issued by DMV
❖ Passport	❖ Current Valid Military ID
❖	❖

Payment Methods: Money Order or Cash
No Personal Checks Accepted