

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
 VITAL RECORDS SECTION, CUSTOMER SERVICE
 410 CAPITOL AVENUE, MS #11VRS
 P.O. BOX 340308
 HARTFORD, CT 06134-0308

REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE STATE

FEE: \$30.00 PER COPY. REMIT MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'

PLEASE PRINT

FULL NAME ON CERTIFICATE*:		
FIRST	MIDDLE	LAST NAME
DATE OF BIRTH: _____ / _____ / _____	PLACE OF BIRTH: _____	
MONTH	DAY	YEAR
TOWN/CITY		
NAME OF PARENTS: (provide name prior to first marriage/ birth name if applicable):		
Mother/ Parent: _____		
FIRST	MIDDLE	LAST NAME (Include name prior to first marriage if applicable)
Father/ Parent: _____		
FIRST	MIDDLE	LAST NAME (Include name prior to first marriage if applicable)

PERSON MAKING THIS REQUEST:

NAME: _____		
FIRST	MIDDLE	LAST NAME
ADDRESS: _____		
NUMBER/STREET/UNIT #		
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE NO: _____	E-MAIL ADDRESS: _____	
SIGNATURE: X _____		
RELATION TO PERSON NAMED ON CERTIFICATE: _____		
REASON FOR MAKING REQUEST: _____		

CERTIFICATE SIZE:

<input type="checkbox"/> FULL SIZE NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE The wallet size birth certificate contains less information than the full size certificate. It does not satisfy the proof of identification requirements needed for a passport. NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES: _____ X \$30.00 = \$ _____ SEND POSTAL MONEY ORDER ONLY DO NOT MAIL CASH. PERSONAL CHECKS ARE NOT ACCEPTED.
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Attach a copy of the requester's valid government issued photo ID or passport below: Or two (2) forms of the following: <ul style="list-style-type: none"> - Social security (SS) card - Paycheck Stub or a W-2 form showing SS # - Current school or college photo ID - Automobile registration - Copy of utility bill or bank statement with name & address - See website ct.gov/dph for other forms of ID accepted 	Please mail the completed request with the following requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Money order made payable to 'Treasurer, State of CT' <input type="checkbox"/> Current government issued photo ID <input type="checkbox"/> (If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).
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*If adopted, please provide your adoptive name and adoptive parents' information.

Birth Request REV 12-21

*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.