

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR A COPY OF AN ACKNOWLEDGMENT OF PARENTAGE FORM

VS-39P Revised: 01/2022

Please indicate the type of copy you are requesting

- CERTIFIED COPY (\$30.00 per copy)
 UNCERTIFIED COPY (no fee)**

PLEASE PRINT

CHILD'S NAME ON AOP: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

BIRTH PARENT'S FULL NAME

FIRST MIDDLE LAST NAME LAST NAME PRIOR TO FIRST MARRIAGE
ACKNOWLEDGING PARENT'S FULL NAME

FIRST MIDDLE LAST NAME LAST NAME PRIOR TO FIRST MARRIAGE

PERSON MAKING THIS REQUEST: (ONLY ACKNOWLEDGING PARENT AND BIRTH PARENT NAMED ON AOP, AND CHILD ARE AUTHORIZED TO REQUEST COPY)

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

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

SIGNATURE: **X** _____ PHONE NUMBER _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION
MONEY ORDER SHOULD BE MADE PAYABLE TO: THE TREASURER, STATE OF CONNECTICUT
MAIL THIS REQUEST TO:

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

**For uncertified copies you may fax your request to 860-509-7964

ATTACH A COPY OF A PICTURE IDENTIFICATION BELOW: (such as a state driver's license, DMV ID card, etc.)

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Requests without a Photo Identification will be returned.

**If faxing request back, please enlarge and lighten ID. We must be able to see it clearly. (Fees cannot be faxed)