

REQUEST FOR COPY OF BIRTH CERTIFICATE

Please print:

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
TOWN/CITY

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE MAIDEN NAME

FATHER'S BIRTHPLACE: _____ MOTHER'S BIRTHPLACE _____

ADDRESS OF PARENTS AT TIME OF BIRTH: _____

PERSON MAKING THIS REQUEST:

Name: _____
FIRST MIDDLE LAST

Address: _____
NUMBER STREET

City, State, Zip: _____ Email: _____

Signature: X _____

NUMBER OF COPIES: Full (\$20.00 each) _____

For the protection of the individual, certificates of vital events are not open for public inspection.

The following must be completed in order to permit this office to comply with this request.

Relationship to Person Named in Certificate	Reason for Making Request

If mailing request, send copy of photo identification with self-addressed, stamped envelope to:

Fairfield Town Clerk, 611 Old Post Road, Fairfield CT 06824-6690