

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

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Records offices in Connecticut, please refer to our website at www.ct.gov/dph.

PLEASE PRINT

FULL NAME ON CERTIFICATE*:			FIRST MIDDLE
LAST NAME			
DATE OF BIRTH:	/	/	PLACE OF BIRTH:
MONTH DAY YEAR TOWN/CITY			
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:		

of copies requested _____ x \$20.00 CASH OR CHECK

<p>Attach a copy of the <u>requester's</u> valid government issued photo ID or passport below:</p> <p>Or two (2) forms of the following:</p> <ul style="list-style-type: none">- Social security card- Written verification of identity from employer- Automobile registration- Copy of utility bill showing name and address- Voter's registration card	<p>Please make sure to mail the completed request with the following requirements:</p> <p>Money order/Check made payable to Town of Bethel (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).</p>
--	--