



TODAY'S DATE:

____/____/20____

REQUEST FOR BIRTH CERTIFICATE

PLEASE PRINT CLEARLY

FULL NAME AT BIRTH:

FIRST MIDDLE LAST

DATE OF BIRTH:

____/____/____

PLACE OF BIRTH:

PARENT'S FULL NAME:

FIRST MIDDLE LAST

PARENT'S FULL NAME:

FIRST MIDDLE LAST

PERSON MAKING THIS REQUEST:

NAME:

ADDRESS:

TOWN, STATE, ZIP:

TELEPHONE:

E-MAIL:

SIGNATURE:

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

REASON FOR MAKING REQUEST:

PLEASE HAVE IDENTIFICATION READY WITH THIS APPLICATION.

CERTIFIED CERTIFICATE SIZE

_____ Full Size (\$20.00)

_____ Wallet Size (\$15.00)

Please note: Only full sized documents are valid legal documents in all instances.

If you are requesting copies by mail, you may mail this **request form** along with a copy of the requester's **Driver's License** or picture identification and verification of relationship to registrant along with a **check** or money order made payable to the **Cheshire Town Clerk** to:

CHESHIRE TOWN CLERK
84 SOUTH MAIN STREET
CHESHIRE, CT 06410