



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)

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