REQUEST FOR BIRTH CERTIFICATE

TOWN & CITY CLERK 27 W. Main Street New Britain, CT 06051 (860) 826-3345 www.newbritainct.gov

I AM APPLYING FOR THE BIRTH CERTIFICATE OF:

Full Name on certificate*:			
Date of Birth:		Place of Birth:	
Mother's Full Maiden Name:		Birthplace of Mother:	
Father's Full Name:		Birthplace of Father:	
	your adoptive name a	nd adoptive parents' information.	
PLEASE	STATE THE SIZE OF BI	RTH CERTIFICATE REQUESTED:	
	Vallet Size Fee: 515.00	Cash/Money Order/Certified Checks <u>only</u> payable to: New Britain Town Clerk	
My relationship to the <i>above</i> per	rson is:		
Myself	My Child	**My Grandchild/Grandparent 🗌	
		A person whom I legally represent (Please submit documentation)	
THE FOLLOWING	G <u>MUST BE INCLUDED</u> I	BY THE PERSON MAKING THIS REQUEST	
 Government issued photo identification. <u>If unavailable</u> then include originals or photo copies of any 2 of the following: Social Security Card Auto Registration Checking account deposit slip stating name and address Voter Registration Card 			
2. ** If the relationship is other th	an my child or me you mus	t provide documentation proving the relationship.	
Please Note: All of the above require	ments are mandated by State	Statutes.	
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Applicant's Name:	Phone #		
Address:		Purpose for requesting this birth certificate:	
City, State and Zip Code:			
I DECLARE UNDER PENALTIES ARE TRUE AND CORRECT.	OF FALSE STATEMENT	THAT THE ABOVE STATEMENTS AND INFORMATION	
Signature:		Date:	

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST

P.C.#

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For Office Use Only:

EVRS System effective 6/10/02