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: _____/_____/_____ (MONTH DAY YEAR) **PLACE OF BIRTH:** _____ (TOWN/CITY)

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST NAME

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: _____

REASON FOR MAKING REQUEST: _____

CERTIFICATE SIZE:

☐ FULL SIZE	☐ WALLET SIZE	TOTAL NUMBER OF COPIES:
$20.00 EACH	The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements such as those needed for a passport. **$15.00 EACH**	_____ X $20.00 = $ _____ _____ X $15.00 = $ _____ TOTAL: $ _____ PLEASE DO NOT MAIL CASH.
NUMBER OF COPIES: _____	NUMBER OF COPIES: _____	

Attach a copy of the requester's valid government issued photo ID or passport below:

Or two (2) forms of the following:

- Social security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter's registration card

Please make sure to mail the completed request with the following requirements:

- ☐ Money order made payable to City/Town (check our website stated above) or check to Oxford Town Clerk
- ☐ Current government issued photo ID
- ☐ (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).

*If adopted, please provide your adoptive name and adoptive parents' information.
*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.

Request for a Certified Copy of a Death Certificate from the Town/City of Death

VS-39D Revised: 9-0-09

PLEASE PRINT **DO NOT MAIL CASH**

Death Certificate of:	**Full Name of Deceased:** First Middle Last		SEX ☐ M ☐ F	**Date of Death** * (Month/Day/Yr):
	Town of Death:	**Date of Birth** (Month/Day/Yr):	**Place of Birth** (Town, State or Foreign Country):	
	Father's Name:	**Mother's Name:**	**If Married, Spouse's Name:**	

PLEASE NOTE: In accordance C.G.S. §7-51A, **for deaths occurring on or after July 1, 1997, only the surviving spouse or next of kin** may obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, others than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.

PERSON MAKING THIS REQUEST:

Name: _____
First Middle Last Name

Address: _____
Number Street

Town/City: _____ **State**: _____ **Zip Code**: _____

Telephone No.: _____ **E-Mail Address** (optional): _____

Relationship To Deceased: _____

Signature: X_____

The fee for a copy of a Death Certificate from the State or Town is $ 20.00 per copy. Personal checks are not accepted. Do not mail cash.

Number of Copies Requested: _____ **Amount Enclosed: $**_____

Please send this request with a *Postal Money Order* made payable to the *City or Town*
or check to the Oxford Town Clerk

Mail this request to the City/Town (for town contact information, refer to our website at www.ct.gov/dph.com).

* **Note**: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.

Request for a Certified Copy of Marriage Record from the Town/City Vital Records

VS-39M Revised: 9/10/2009

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

PLEASE PRINT **DO NOT MAIL CASH**

Groom/Spouse	**Full Legal Name Before Marriage** First	Middle	Last
Bride/Spouse	**Full Legal Name Before Marriage** First	Middle	Last
Date of Marriage * (Month/Day/Year))		**Town of Marriage**	

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

Name: _____

First Middle Last Name

Address: _____

Number Street

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ E-Mail Address: (optional): _____

Relation to Person Named in Certificate: _____

Signature: _____

The fee for a copy of Marriage Certificate at the State or Town is $20.00 per copy.

Number of Copies Requested: _____ **Amount Enclosed: $**_____

FEE: $20.00 PER COPY. Remit a *Postal Money Order* made payable to the *City/Town*
or check to the Oxford Town Clerk

Mail this request to the *City/Town* (for town contact information, refer to our website at www.ct.gov/dph).

* **Note**: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.

OFFICIAL BALLOT
BUDGET REFERENDUM
OXFORD, CONNECTICUT
June 7, 2011

INSTRUCTIONS TO VOTERS

To vote, fill in the oval completely next to your choice, like this ●.

1. Shall the Municipal Budget for fiscal year 2011-2012 be adopted as discussed and/or amended by the Annual Budget Town Meeting?

YES
NO

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2. Shall the Board of Education Budget for fiscal year 2011-2012 be adopted as discussed and/or amended by the Annual Budget Town Meeting?

YES
NO

Sample Ballot