

REQUEST FOR COPY OF BIRTH CERTIFICATE

VS-39B Revised: 6/26/07

PLEASE PRINT**DO NOT MAIL CASH**FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAMEDATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITYFATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAMEMOTHER'S MAIDEN NAME: _____
FIRST MIDDLE MAIDEN NAME**PERSON MAKING THIS REQUEST:**NAME: _____
FIRST MIDDLE LAST NAMEADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ E-MAIL ADDRESS (optional): _____

SIGNATURE: **X** _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

CERTIFICATE SIZE: ☐
OBTAIN PASSPORTS.☐ FULL SIZE (fee \$20.00)

NUMBER OF COPIES

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION AND VERIFICATION OF
RELATIONSHIP TO REGISTRANT

FEE: \$20.00 FOR FULL SIZE AND \$15.00 FOR WALLET SIZE PER COPY. CHECK MADE PAYABLE TO THE TOWN/CITY OF BIRTH

MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF BIRTH

FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN

at the Department of Public Health website: <http://www.dph.state.ct.us/PB/HISR/townclerks.htm> OR CASH**ATTACH A COPY OF PICTURE IDENTIFICATION HERE:**