

REQUEST FOR COPY OF BIRTH CERTIFICATE
Revised: 7/2/2007

Date: _____

PLEASE PRINT

DO NOT MAIL CASH

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
Month Day Year 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

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

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: X _____

REASON FOR MAKING THE REQUEST: _____

- CERTIFICATE SIZE: WALLET SIZE \$5.00 PER COPY
 FULL SIZE \$10.00 PER COPY

NUMBER OF COPIES WANTED: _____ AMOUNT ENCLOSED \$ _____

PLEASE INCLUDE A COPY OF A PHOTO ID OF THE PERSON MAKING THE REQUEST.

Make checks payable to: East Hampton Town Clerk
20 East High Street
East Hampton, CT 06424

For questions, please feel free to contact this office at (860) 267-2519 x 5.