

MIDDLETOWN HEALTH DEPARTMENT

Vital Statistics

245 deKoven Drive
Middletown, CT 06457
860-638-4960

www.MiddletownCT.gov



REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

*****PLEASE COMPLETE ENTIRE FORM*****

TODAY'S DATE _____

Full Name ON CERTIFICATE: _____
First Middle Last

Date Of Birth: ____/____/____ Place Of Birth: _____
Month Day Year Town/City

Father/Parent Full Name: _____
First Middle Last

Mother/Parent MAIDEN Name: _____
First Middle Maiden Last

<input type="checkbox"/> FULL SIZE - \$20 per copy Number Of Copies: _____	<input type="checkbox"/> WALLET SIZE - \$15 per copy 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. Number Of Copies: _____	TOTAL NUMBER OF COPIES: _____ x \$15 each wallet = \$ _____ _____ x \$20 each full = \$ _____ Total Due = \$ _____ Forms of payment accepted: cash, check or money order made payable to: Middletown Health Department
---	---	---

Include a copy of the requester's valid government issued photo ID, ie: driver's license or passport.

Please mail the completed request with the following requirements to the above address:

If above is not available, we can accept two (2) of the following:

- Social security card
- Written verification of identity from employer/pay stub
- Automobile registration
- Voter's registration card
- Bank Statement with name and address
- Utility Bill with name and address

- ID as described in paragraph to left
- Self-addressed, stamped envelope
- 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).

Requests submitted without proper ID will not be processed and will be returned.

Name Of Person Making This Request: _____

Address: _____

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

Telephone No: _____ E-Mail Address: _____

Signature: X _____

Relation to Person Named On Certificate: _____