

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

By _____

REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the MIDDLETOWN Vital Records Office

An adopted person who is at least 18 years old, or the adopted person's adult child or grandchild may use this form to request the original birth certificate of the adopted person.

All other person's seeking to obtain a copy of the adopted person's original birth certificate must obtain a court order.

Original records of adopted persons may be stored off-site and may not be immediately available for walk-in service. Contact the Town where adopted person was born for information or complete and mail this form with payment to the Middletown Health Department.

ADOPTION INFORMATION (Please Print)

ADOPTIVE NAME: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

ADOPTIVE MOTHER'S/ ADOPTIVE PARENT NAME: _____
FIRST MIDDLE LAST NAME (MAIDEN If applicable)

ADOPTIVE FATHER'S/ADOPTIVE PARENT NAME: _____
FIRST MIDDLE LAST NAME (Maiden, If applicable)

PERSON MAKING THIS REQUEST: _____ TODAY'S DATE: _____

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
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: _____

- SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Example: valid driver's license, passport, state issued ID)
- IF YOU ARE THE ADOPTED PERSON'S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Example: certified copy of birth certificates)
- SEND COURT ORDER IF APPLICABLE
- SEND CHECK OR MONEY ORDER IN THE AMOUNT OF \$65.00 MADE PAYABLE TO MIDDLETOWN HEALTH DEPARTMENT. DO NOT SEND CASH
- MAIL REQUEST AND \$65.00 PAYMENT TO:

MIDDLETOWN HEALTH DEPARTMENT
245 deKoven Drive
Middletown, CT 06457
860-638-4960