

Request for Copy of Birth Certificate

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: _____

Signature: _____

Relation to Person Named in Certificate: _____

Reason for Making Request: _____

Certificate Size: Wallet Size ____ Full Size ____

ATTACH A COPY OF PICTURE IDENTIFICATION
FEE: \$5.00 FOR WALLET SIZE
\$10.00 FOR FULL SIZE
MADE PAYABLE TO THE TOWN OF PROSPECT, TOWN CLERK
MAIL THIS REQUEST WITH PAYMENT TO
THE PROSPECT TOWN CLERK
36 CENTER STREET
PROSPECT, CT 06712

PLEASE INCLUDE A SELF ADDRESSED, STAMPED ENVELOPE