

REQUEST FOR COPY OF BIRTH CERTIFICATE  
Revised: 10/1/2009

Date: \_\_\_\_\_

PLEASE PRINT

DO NOT MAIL CASH

FULL NAME AT BIRTH: \_\_\_\_\_

FIRST

MIDDLE

LAST NAME

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

PLACE OF BIRTH: \_\_\_\_\_  
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 \$15.00 PER COPY

FULL SIZE \$20.00 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.