

REQUEST FOR COPY OF BIRTH CERTIFICATE

BIRTH RECORDS ARE CONFIDENTIAL, Please be sure you are eligible to make this request. (see section below labeled "Person Making This Request")

Instructions:

1. Fill in all items.
2. Note section labeled "Person Making This Request". If you are under age 16, parent or legal representative must make request; if you are age 16 and under age 18 you may request only the short form certification birth registration.
3. Legal fee for full certified copy (long form) or short form certification of birth registration is **\$20.00** for the long form and **\$15.00** for the short form.
4. **You must provide/send a copy of picture identification ie: drivers license, passport, etc: with this request**
5. Mail or bring this request with fee to:
Bloomfield Town Clerk, 800 Bloomfield Ave; PO BOX 337, Bloomfield, CT 06002

Person making this request:

YOUR NAME _____

YOUR FULL MAILING ADDRESS _____

I certify that I am:

- _____ The person named on the birth certificate
- _____ The child or grandchild (between 16-18 short form only)
- _____ The spouse
- _____ The parent, guardian or grandparent
- _____ The chief executive officer of the municipality where birth occurred
- _____ Attorneys-at-law representing the person
- _____ Member of genealogical society authorized by the Secretary of the State
- _____ Local director of health
- _____ Conservator
- _____ Agent of state/federal agency

Request for Birth Certificate of:

Full Name at Birth _____ Date of Birth _____

Place of Birth (Town) _____ Residence Town (Mother) _____

Mother's Full Name _____

Father's Full Name _____

Date of Request _____ Number of Certified Copies _____

Signature _____ Long Form _____ \$20
Short Form _____ \$15

DRIVERS LICENSE # _____

OTHER ID _____

*****VERIFY RELATIONSHIP BETWEEN THE REGISTRANT AND THE REQUESTER WHEN NOT APPARENT ON CERTIFICATE.**

*****ALL SOCIAL SECURITY NUMBERS WILL BE REDACTED*****