

REQUEST FOR COPY OF BIRTH CERTIFICATE
VS-39B Revised: 04/27/06

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 MAIDEN NAME

PERSON MAKING THIS REQUEST:

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: _____

CERTIFICATE SIZE: WALLET SIZE \$5.00
NOTE THAT 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 TO
OBTAIN PASSPORTS.



NUMBER OF COPIES

FULL SIZE \$10.00

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION AND VERIFICATION OF
RELATIONSHIP TO REGISTRANT
FEE: \$10 PER COPY. MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF BIRTH
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF BIRTH
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN
at the Department of Public Health website: <http://www.dph.state.ct.us/oppe/townclerks.htm>

ATTACH A COPY OF PICTURE IDENTIFICATION HERE:

SARAH V. BECKER
Town Clerk
302 Main Street
Old Saybrook, CT 06475