



TODAY'S DATE:

_____ / _____ /20_____

REQUEST FOR BIRTH CERTIFICATE

PLEASE PRINT CLEARLY

FULL NAME AT BIRTH: _____ **FIRST** _____ **MIDDLE** _____ **LAST** _____

DATE OF BIRTH: / / PLACE OF BIRTH: .

PARENT'S FULL NAME: _____ FIRST _____ MIDDLE _____ LAST _____

PARENT'S FULL NAME: _____ FIRST _____ MIDDLE _____ LAST _____

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN, STATE, ZIP: _____

TELEPHONE: _____ E-MAIL: _____

SIGNATURE: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:

PLEASE HAVE IDENTIFICATION READY WITH THIS APPLICATION.

If you are requesting copies by mail, you may mail this request form along with a copy of the requester's Driver's License or picture identification and verification of relationship to registrant along with a check or money order made payable to the Woodbridge Town Clerk to:

WOODBRIDGE TOWN CLERK
11 MEETINGHOUSE LANE
WOODBRIDGE, CT 06525