

## REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

Full Birth Name:	Date of Birth:
Place of Birth:	
Mother's Maiden Name:	Birthplace:
Father's Full Name:	Birthplace:

Your Name:
Address:
City, State and Zip Code:
Phone Number:

PLEASE STATE THE SIZE OF BIRTH CERTIFICATE REQUESTED:

Long Form\*       Make checks payable to Wallingford Town Clerk  
\$20.00

**\*MUST HAVE LONG FORM FOR PASSPORTS**

My relationship to the above person is:

Myself       My Child       My Grandchild/Grandparent   
My Parent       My Spouse       A person whom I legally represent  
(Documentation Required)

Proof of your relationship to the person whose certificate you are requesting is required.

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

**Copy of Photo Identification.**

Mail this form, a copy of your ID and payment to:

Wallingford Town Clerk  
45 South Main Street  
Wallingford, CT 06492

**I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE  
STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.**

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