REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

Full Birth Nar	ne:			Date of Birth:	
Place of Birth	ı:				
Mother's Maiden Name:				Birthplace:	
Father's Full Name:				Birthplace:	
Your Name:	4				
Address:					
City, State ar	nd Zip Code:				
PLEASE STATE THE SIZE OF BIRTH CERTIFICATE REQUESTED:					
Long Form* Make checks payable to Wallingford Town Clerk \$20.00					
*MUST HAVE	LONG FORM F	OR PASSPOR	TS		
My relationship	to the above p	erson 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 FOLLO	WING MUST	BE INCLUD	ED BY THE P	ERSON MAKING THE REQUEST	
Copy of P	hoto Identifi	cation.			
Mail t	his form, a co	ppy of your ID	and payment	to:	
	Wallingford 45 South M Wallingford				
				E STATEMENTS THAT THE ABOV ARE TRUE AND CORRECT.	Έ
Signature:				Date:	