Birth Certificate Application Office of the Town Clerk – 1212 Whittemore Rd – Middlebury CT 06762 203-758-2557

FULL NAME ON CERTIFICATE:							
	FIRST	MIDDLE	LAST NAME				
DATE OF BIRTH: / /		_PLACE OF BIRTH:					
Month Day	Year		Town/City				
FATHER'S FULL NAME:							
MOTHER'S MAIDEN NAME:							

PERSON MAKING THIS REQUEST

NAME:						
FIRST	MIDDLE		LAST NAME			
ADDRESS:						
NUMBER/STREET/ UNIT #						
IOWN/CITY:			ZIP CODE:	<u> </u>		
SIGNATURE:			DATE:			
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE:						
Proof of relationship to registrant must be provided.						
IF MAKING REQUEST BY M	IAIL:					
PHONE #:	FN	IAIL:				
	LIV	ITIL.				

CERTIFICATE SIZE

□ FULL SIZE		WALLET SIZE	TOTAL NUMBER OF COPIES:			
\$20.00	The wallet si	\$15.00 ze birth certificate contains	X \$20.00 = \$			
Number of copies:		mation than the full size may not satisfy all proof of	X \$15.00 = \$			
A minor must have a parent or guardian'		requirements such as those	TOTAL: \$			
signature on this form for a full size copy. need		ded for a passport.	PLEASE DO NOT MAIL CASH			
Attach a copy of the <u>requester's</u> valid government issued		Please mail the completed request with the following requirements:				
photo ID or passport		• Check or Money Order made payable to the Town of				
OR		Middlebury.				
$\underline{\text{two}}$ (2) forms of the following below:		 Photocopy of current government issued photo ID. 				
• Social Security card		 (If applicable) verification of relationship to the registrant (for 				
• Written verification of identity from employer		example, an individual requesting his/her parent's birth				
• Automobile registration		certificate must provide a certified copy of his/her own birth				
• Copy of utility bill showing name & address		certificate).				
• Voter's registration card		• Enclose a self-addressed stamped envelope.				
• Checking account deposit slip		Mail request to: Town Clerk's Office, 1212 Whittemore Road,				
• Current school or college photo ID		Middlebury CT 06762				