

**REQUEST FOR COPY OF BIRTH CERTIFICATE**

**Please print:**

FULL NAME AT BIRTH: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
TOWN/CITY

FATHER'S FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME

FATHER'S BIRTHPLACE: \_\_\_\_\_ MOTHER'S BIRTHPLACE \_\_\_\_\_

ADDRESS OF PARENTS AT TIME OF BIRTH: \_\_\_\_\_

***PERSON MAKING THIS REQUEST:***

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
NUMBER STREET

City, State, Zip: \_\_\_\_\_

Signature: X \_\_\_\_\_

**TYPE OF COPY: Wallet (\$15.00 each)  Full (\$20.00 each)**  (Full-sized copies are required to obtain passport)

***For the protection of the individual, certificates of vital events are not open for public inspection.  
The following must be completed in order to permit this office to comply with this request.***

Relationship to Person Named in Certificate	Reason for Making Request

If mailing request, send copy of photo identification with self-addressed, stamped envelope to:  
**Fairfield Town Clerk, 611 Old Post Road, Fairfield CT 06824-6690**