

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

- WALLET SIZE (\$15.00 EACH) NUMBER OF COPIES REQUESTED: _____
- FULL SIZE (\$20.00 EACH) NUMBER OF COPIES REQUESTED: _____

THE PERSON NAMED ON THE CERTIFICATE IS:

- MYSELF MY CHILD MY PARENT* MY SPOUSE*
- MY GRAND CHILD* MY GRAND PARENT*
- A PERSON I LEGALLY REPRESENT* OTHER _____

***PROPER ID & PROOF OF RELATION/LEGAL DOCUMENTATION REQUIRED**

I AM APPLYING FOR THE CERTIFICATE OF:

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____ TOWN OF BIRTH: _____

FATHERS FULL NAME: _____

MOTHERS FULL MAIDEN NAME: _____

INFORMATION OF PERSON MAKING THIS APPLICATION:

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

TO EXPEDITE YOUR REQUEST PLEASE INCLUDE:

- COMPLETED APPLICATION FORM;
- COPY OF YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION **OR**
2 OF THE FOLLOWING: SOCIAL SECURITY CARD, AUTOMOBILE REGISTRATION SHOWING NAME AND ADDRESS, VOTER REGISTRATION CARD, CHECKING DEPOSIT SLIP SHOWING NAME AND ADDRESS, WRITTEN VERIFICATION FROM YOUR EMPLOYER, COPY OF A UTILITY BILL SHOWING YOUR NAME AND ADDRESS;
- CHECK OR MONEY ORDER;
- SELF ADDRESSED STAMPED ENVELOPE.

MAIL REQUEST TO:

**WOLCOTT TOWN CLERK
10 KENEA AVENUE
WOLCOTT, CT 06716**