

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:

NUMBER OF COPIES REQUESTED: _____

Long Form*
\$20.00

Make checks payable to Wallingford Town Clerk

***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: _____