

**BIRTH CERTIFICATE APPLICATION**

Cromwell Town Clerk & Registrar of Vital Records  
41 West Street, Cromwell, CT 06416 - Tel. 860.632.3440

SUBJECT'S FIRST NAME			SUBJECT'S MIDDLE NAME	SUBJECT'S LAST NAME
BIRTH MONTH	BIRTH DAY	BIRTH YEAR	PLACE OF BIRTH (CITY/TOWN)	NAME OF HOSPITAL
MOTHER'S FIRST NAME			MOTHER'S MIDDLE NAME	MOTHER'S MAIDEN NAME
FATHER'S FIRST NAME			FATHER'S MIDDLE NAME	FATHER'S LAST NAME

**BY MAIL: MONEY ORDERS ONLY**

☐ \$20.00 LONG FORM (FULL SIZE) ..... ☐ \$2.00 LARGE PLASTIC COVER

**\*ONLY LONG FORM ACCEPTED WHEN APPLYING FOR PASSPORT OR DRIVER'S LICENSE, WALLET CERTIFICATE NOT ACCEPTED**

☐ \$15.00 WALLET CERTIFICATE ..... ☐ \$0.50 SMALL PLASTIC COVER

**I AM THE:**

- |   |  |
|---|--|
| <input type="checkbox"/> SUBJECT                    | <input type="checkbox"/> PARENT OF THE SUBJECT     |
| <input type="checkbox"/> GRANDPARENT OF THE SUBJECT | <input type="checkbox"/> SPOUSE OF THE SUBJECT     |
| <input type="checkbox"/> CHILD OF THE SUBJECT       | <input type="checkbox"/> GRANDCHILD OF THE SUBJECT |
| <input type="checkbox"/> AN ATTORNEY                | <input type="checkbox"/> LEGAL CUSTODIAN, GUARDIAN |

**REQUIREMENTS** (Mandated by State Statutes)

PHOTO IDENTIFICATION (Driver's License, Non-Driver Motor Vehicle ID, Passport, Etc.)

If Photo ID Unavailable then Present Two (2) of the Following: (By Mail: Send Photocopies)

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Written Verification of ID from Employer             |
| <input type="checkbox"/> Auto Registration    | <input type="checkbox"/> Copy of Utility Bill Showing Name and Address        |
|   | <input type="checkbox"/> Checking Account Deposit Slip Stating Name & Address |

**\*\*\*\* MUST BE COMPLETED BY APPLICANT \*\*\*\***

REQUESTER'S FIRST NAME	REQUESTER'S MIDDLE NAME	REQUESTER'S LAST NAME
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Today's Date