



CROMWELL TOWN CLERK
41 WEST STREET
CROMWELL, CT 06416
860-632-3440

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Full Name on Certificate: _____
First Middle Last

Date of Birth: _____ Town/City where Birth OCCURED: _____

Father/Parent Full Name: _____
First Middle Last

Mother/Parent MAIDEN Name: _____
First Middle Last

_____ \$20 Long Form (Full Size)

_____ \$2 Large Plastic Cover

Requester's valid Government Issued Photo ID such as a Driver's License or Passport is REQUIRED.

If Photo ID is not available, two (2) of the following can be substituted:

- | | |
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| <ul style="list-style-type: none">• Social Security Card• Written verification of Identity from employer/pay stub• Valid Automobile Registration• Voter Registration Card• Bank Statement or Checking Acct Deposit Slip with name and address• Utility Bill with name and address• Military Discharge Papers• Current School or College Photo ID• Gov't issues Photo ID that has expired within 12 months prior to the date of request | <ul style="list-style-type: none">• Valid Government issued Trade or Professional license• Valid Government issues Firearm Permit• Probation documents issued by a court or other government agency, pursuant to a criminal conviction• Letter from a government agency verifying identity. Must be dated within six months prior to the date of request• Release documentation from a correctional institute containing a photo of the former inmate and a release date within 12 months prior to the date of the request |
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Verification of relationship to the person named in the Birth Certificate is required. For example:

- An individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate
- A spouse must provide a certified copy of their marriage license
- If requesting your own birth certificate, and your name has changed since birth (for example, through marriage), you must provide a certified copy of your marriage license

Name of Person Making this Request: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone No: _____ Email Address (If requesting through mail): _____

Relationship to Person Named in Certificate: _____ (if this is your own birth certificate, write self)

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

Signature: _____ Date: _____