REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE TOWN

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Records offices in Connecticut, please refer to the Town website or the DPH website at www.ct.gov/dph.

PLEASE PRINT			
FULL NAME ON CERTIFICATE*: FIRST		MIDDLE	LAST NAME
DATE OF BIRTH:/ PLACE OF BIRTH: TOWN/CITY			
FATHER'S FULL NAME: FIRST		MIDDLE	LAST NAME
MOTHER'S <u>MAIDEN</u> NAME:FIRST		MIDDLE	LAST NAME
PERSON MAKING THIS REQUEST:			
NAME: FIRST MIDDLE			LAST NAME
ADDRESS:			
TOWN/CITY: STATE: ZIP CODE: TELEPHONE NO: E-MAIL ADDRESS: SIGNATURE: X RELATION TO PERSON NAMED ON CERTIFICATE: REASON FOR MAKING REQUEST: X \$20.00 EACH			TOTAL NUMBER OF COPIES: X \$20.00 = \$ X \$15.00 = \$ TOTAL: \$
Attach a copy of the requester's valid government issued photo ID or passport below: Or two (2) forms of the following: - Social security (SS) card - Paycheck Stub or a W-2 form that contains the SS # - Current school or college photo ID - Automobile registration - Copy of utility bill or bank statement showing name and address		Please mail the completed request with the following required documents: Money order or checks made payable to the Town of Tolland Send to: Town Clerk, 21 Tolland Green, Tolland, CT 06084 Current government issued photo ID (If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).	
- See website ct.gov\dph for other form	s of ID accepted		

^{*}If adopted, please provide your adoptive name and adoptive parents' information.

 $[\]textit{Birth Request form from Town Rev. 5-2012}$

^{*}If the requester had a legal name change, please provide a copy of the court documents authorizing the name change.