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

Mail this request to the Town Vital Records office. TOWN CLERK, PO BOX 548, SALISBURY, CT 06068

PLEASE PRINT			
FULL NAME ON CERTIFICATE*: FIRST	,	MIDDLE	LAST NAME
DATE OF BIRTH://	YEAR PLACE (OF BIRTH:	TOWN/CITY
FATHER'S FULL NAME:			
FIRST		MIDDLE	LAST NAME
MOTHER'S MAIDEN NAME: FIRST		MIDDLE	
FIRST		MIDDLE	LAST NAME
PERSON MAKING THIS REQUEST:			
NAME:			
FIRST	N	MIDDLE	LAST NAME
ADDRESS:			
	NUMB	ER/STREET/UNIT #	
TOWN/CITY:	Add do	STATE:	ZIP CODE:
TELEPHONE NO:	E	E-MAIL ADDRESS: _	. ' '/
SIGNATURE: X		1111	
RELATION TO PERSON NAMED ON C	ERTIFICATE:		
REASON FOR MAKING REQUEST:			
CERTIFICATE SIZE:	AYY		
☐ FULL SIZE	□ WALLET SIZE		TOTAL NUMBER OF COPIES:
	The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements such as those needed for a		X \$20.00 = \$
\$20.00 EACH			X \$15.00 = \$
	\$15.00 EACH		TOTAL: \$
NUMBER OF COPIES:	NUMBER OF COPIES:		PLEASE DO <u>NOT</u> MAIL CASH.
Attach a copy of the <u>requester's</u> valid government issued photo ID or passport below:		Please make sure to mail the completed request with the following requirements:	
		Money order OR check made payable to:	
Or two (2) forms of the following:		☐ SALISBURY T	OWN CLERK
- Social security card		☐ Current government issued photo	
 Written verification of identity from employer Automobile registration 		☐ (If applicable) verification of relationship to the registrant	
- Copy of utility bill showing name and address		(for example, an individual requesting his/her parent's	
- Voter's registration card		birth certificate must provide a certified copy of his/her own birth certificate).	

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

^{*}If you had your name legally changed, please provide a copy of the court documents authorizing the name change.