

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

PERSON MAKING THIS REQUEST - PLEASE PRINT CLEARLY
Relationship to person named in this certificate must be filled out below.

DATE OF REQUEST:
NAME:
ADDRESS:
TOWN/CITY:
STATE/ZIP:
TELEPHONE:
EMAIL:
RELATIONSHIP:

BIRTH RECORDS LESS THAN 100 YEARS OLD ARE ONLY OPEN TO THE FOLLOWING:

**PERSON WHO IS SUBJECT OF BIRTH CERTIFICATE, PARENT OR GUARDIAN, GRANDPARENT,
(if minor child), SPOUSE OR CHILDREN, (if over 18 years of age)**

ALL REQUESTORS MUST BE ABLE TO SHOW LINEAGE.
For complete list, see Public Act 98-258

NUMBER OF COPIES REQUESTED:

DATE OF BIRTH: MALE/FEMALE:

FULL NAME AT BIRTH:

MOTHER'S MAIDEN NAME:

MOTHERS BIRTHPLACE:

FATHER'S NAME:

FATHER'S BIRTHPLACE:

Requestor's Signature:

Original Signature Required

THE LEGAL FEE IS \$20.00 PER CERTIFIED COPY, EFFECTIVE OCTOBER 1, 2009

MAKE CHECK OR MONEY ORDER PAYABLE TO: "TOWN OF STRATFORD"

MAIL THIS REQUEST WITH PAYMENT AND PHOTO IDENTIFICATION

FOR THE PROTECTION OF THE INDIVIDUAL, BIRTH CERTIFICATES ARE NOT OPEN FOR PUBLIC INSPECTION IN ACCORDANCE WITH THE CONNECTICUT GENERAL STATUTES, SECTION 7-51.

Effective: 1/1/2021

offering more from forest to shore