



**City and Town Clerk
Registrar of Vital Statistics**

888 Washington Boulevard
P.O. Box 891
Stamford, CT 06904-0891
(203) 977-4054

DATE: _____

Requester must attach a copy of their identification.

Example: Driver's license, passport, etc.

I. Birth Certificate of:		II. Parents of person named in birth certificate:	
Full Name at Birth:		Father's Full Name:	Birthplace:
Date of Birth:	Sex:	Mother's Maiden Name:	Birthplace:

* Remit personal check or money order made payable to: The City of Stamford, CT

Type of Copy:	Legal Fee:	No. of Copies:	Total Amount:
Full Certified Copy	\$20.00		
Certified Wallet Size	\$15.00		
Certified Laminated Wallet	\$17.00		

NOTE: 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 TO OBTAIN PASSPORTS.

Person Making This Request:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Your Signature: _____

X

Relationship to person named in this certificate, i.e. parents, attorney, grandparent:

X