



**City and Town Clerk  
Registrar of Vital Statistics**  
888 Washington Boulevard  
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**