

REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

BRISTOL TOWN & CITY CLERK
111 North Main Street
Bristol, CT 06010
(860) 584 - 6200 x0

I AM REQUESTING A COPY OF THE BIRTH CERTIFICATE FOR:

Full Birth Name:	
Place of Birth:	Date of Birth:
Mother's Full Maiden Name:	Birthplace:
Father's Full Name:	Birthplace:

PLEASE STATE THE SIZE OF BIRTH CERTIFICATE REQUESTED:

Long Form Wallet Size (\$15.00 each)
(\$20.00 each)

No Out-of-State Personal Checks Accepted
Checks/Money Order Payable to: Bristol Town Clerk

My relationship to the above person is:

Myself My Child My Grandchild/Grandparent
My Parent My Spouse A person whom I legally represent*
**Please provide documentation*

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

1. Photo identification (driver's license, etc.) If photo ID is not available then include originals or photocopies of any 2 of the following:

- | | |
|--|---|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Written verification of ID from employer (paystub) |
| <input type="checkbox"/> Auto Registration | <input type="checkbox"/> Copy of utility bill showing name and address |
| <input type="checkbox"/> Checking account deposit slips stating name and address | <input type="checkbox"/> Voter Registration Card |

2. Copy of photo ID if you are the child of the parent whose certificate you are requesting.

Copy of photo ID and proof that you are the grandparent/grandchild of the grandchild/grandparent whose certificate you are requesting.

Copy of photo ID and proof that you are the spouse of the certificate you are requesting.

Please Note: All of the above requirements are mandated by State Statutes.

Your Name:	Phone #:
Address:	Reason for requesting certificate:
City, State and Zip Code:	

I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

Signature:	Date:
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PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.

For Office Use Only:	
Long Form PCN # _____	Wallet PCN # _____