

PERSON MAKING THIS REQUEST:

E-mail address (optional):

Printed Name of Requester:\_\_\_\_

Signature of Requester:

Address of Requester:\_\_

## TOWN OF COLCHESTER 127 Norwich Ave Colchester, CT 06415 (860)537-7215

## **APPLICATION FOR BIRTH CERTIFICATE:**

All issued Birth Certificates are certified with a raised seal.

	for each certified copy is \$20.00 cations and any institution requiring proof of parents)
(nequired for russpore rippine	sections and any institution requiring proof of parents,
Fee: Cash, **Credit/Debit Card	d or Check made payable to " <u>Town of Colchester</u> "
**Credit/Debit transaction	ns have a \$2.00/or 2% convenience fee applied
CURRENT PHOTOGRAPHIC IDEN	ITIFICATION OF REQUESTER IS REQUIRED
•	License or Passport)
,	ubstituted by any two of the following documents:
Recent Paystub (showing name and address)	Current Automobile Registration (showing name & address)
Voter Registration card	Social Security Card
Recent copy of Utility bill (showing name & address)	Checking Account Deposit Slip (showing name & address)
I am applying for the Birth Certificate of:	Please Choose One:
- 11-1	My own birth certificate
Full Name at Birth:	<del></del>
(first, middle, last)	My child's birth certificate
Date of Birth:	<u> </u>
(month/day/year)	☐ My parent's birth certificate
Town of Birth:	(must provide own long form birth certificate)
(Town/State)	My spouse's birth certificate
	(must provide marriage license)
Parent 1 Full Name:	My grandchild's birth certificate
(first/middle/maiden if applicable/last)	(must provide own child's birth certificate)
Parent 2 Full Name:	My grandparents's birth certificate
(first/middle/ <b>maiden if applicable</b> / last)	(must provide own & parent's long form birth cert)
	☐ My client's. I am the Attorney or Legal

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

When mailing this form to the Town of Colchester Clerk's Office, please be sure to include the following items:

Original Application Form, Check or Money Order for the total copies requested, Self-Addressed Stamped Envelope and Photo copy of Current Photo I.D.

Phone Number (optional):\_\_\_\_\_\_

Guardian. (must provide legal documentation)