

**CITY OF NEW LONDON, CONNECTICUT
REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

PLEASE PRINT * DO NOT MAIL CASH *****

FULL NAME AT
BIRTH:

FIRST

MIDDLE

LAST

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

FATHER'S FULL NAME:

FIRST

MIDDLE

LAST

MOTHER'S MAIDEN NAME:

FIRST

MIDDLE

MAIDEN NAME

PERSON MAKING THIS REQUEST:

FIRST

MIDDLE

LAST

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME TELEPHONE #: _____ EMAIL: _____

RELATION TO PERSON NAMED IN CERTIFICATE:

REASON FOR MAKING REQUEST:

SIGNATURE:

X _____ DATE: _____

NUMBER OF CERTIFIED COPIES: _____

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION

If you do not have a picture identification, you may attach a copy of 2 forms of identification such as employee badge, motor vehicle registration, paystub or utility bill (all must include name and address).

FEE: \$20.00 EACH PLUS \$1.00 PER ENTIRE ORDER FOR POSTAGE AND HANDLING, OTHERWISE INCLUDE A SELF ADDRESSED STAMPED BUSINESS SIZE ENVELOPE ALONG WITH THE FEE OF \$20.00 EACH. CHECK OR MONEY ORDER MADE PAYABLE TO NEW LONDON CITY CLERK. MAIL THIS REQUEST WITH PAYMENT AND IDENTIFICATION TO :

CITY CLERK, CITY OF NEW LONDON
181 STATE STREET
NEW LONDON, CT 06320

Revised 10/1/2009