



OFFICE OF THE CITY CLERK
Request for copy of BIRTH CERTIFICATE

BIRTH
\$15 PER COPY (Wallet)
\$20 PER COPY (Full Size)

PLEASE PRINT CLEARLY

DO NOT SEND CASH (IF MAILING THIS REQUEST)

FULL NAME	FIRST	MIDDLE	LAST
DATE OF BIRTH		PLACE OF BIRTH (TOWN)	
FATHER'S NAME		MOTHER'S MAIDEN NAME	

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ STATE _____ ZIP _____

PHONE: _____

SIGNATURE: ✕ _____

REASON FOR REQUEST _____

CERTIFICATE SIZE

WALLET NUMBER COPIES WANTED: _____ AMOUNT ENCLOSED @ \$15 PER COPY _____

FULL SIZE NUMBER COPIES WANTED: _____ AMOUNT ENCLOSED @ \$20 PER COPY _____

TOTAL ENCLOSED _____

ATTACH A COPY OF A PICTURE IDENTIFICATION OF PERSON MAKING REQUEST

MAIL THIS REQUEST WITH PAYMENT (CHECK OR MONEY ORDER – NO CASH) TO:

CITY OF WEST HAVEN CITY CLERK
355 MAIN STREET
WEST HAVEN CT 06516-4310

FOR ANY QUESTIONS, PLEASE CONTACT THE CITY CLERK'S OFFICE AT 203-937-3535