

REQUEST FOR COPY OF BIRTH CERTIFICATE

REVISED: 08/25/2020

DATE: _____

PLEASE PRINT

FULL NAME AT BIRTH: _____

(FIRST)

(MIDDLE)

(LAST)

DATE OF BIRTH: ____/____/____
Mo. DAY Yr.PLACE OF BIRTH: _____
TOWN/CITY

FATHER'S FULL NAME: _____

(FIRST)

(MIDDLE)

(LAST)

MOTHER'S MAIDEN NAME: _____

(FIRST)

(MIDDLE)

(LAST)

PERSON MAKING THIS REQUEST:

NAME: _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS: _____

(NUMBER)

(STREET)

TOWN/CITY _____ STATE _____ ZIP CODE _____

RELATIONSHIP TO PERSON NAME IN CERTIFICATE: _____

(SELF, PARENT, ETC.)

SIGNATURE: _____

REASON FOR THE REQUEST: _____ TELEPHONE: _____ - _____ - _____

(PERSONAL RECORDS, PASSPORT, INSURANCE, ETC.)

EMAIL ADDRESS: _____

☐ FULL SIZE - \$20.00 EA. _____ x \$20.00 = \$ _____ PLEASE DO NOT MAIL CASH
OF COPIES

MAKE CHECKS PAYABLE TO:**EAST HAMPTON TOWN CLERK**Attach of copy of the **requester's** valid government issued photo id or passport or two (2) forms of the following:

- social security card
- Written verification of identity from employer
- automobile registration
- copy of utility bill showing name and address
- voter's registration card

If applicable, please provide verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).

If adopted, Please provide your adoptive name and adoptive parents' information.

If you had your name legally changed, please provide a copy of the court documents authorizing the name change.

PLEASE MAIL THIS REQUEST FORM ALONG WITH A CHECK OR MONEY ORDER TO:**EAST HAMPTON TOWN CLERK****1 COMMUNITY DRIVE****EAST HAMPTON, CT 06424****PLEASE CALL (860) 267-2519 IF YOU HAVE ANY QUESTIONS**