

**REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE**

NEWINGTON TOWN CLERK  
131 Cedar Street  
Newington, CT 06111  
(860) 665 - 8545

**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 (\$20.00 each)     Wallet Size (\$15.00 each)   
Checks/Money Order Payable to: Newington Town Clerk

My relationship to the above person is:

Myself                       My Child                       My Granchild/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:
  - Social Security Card
  - Auto Registration
  - Checking account deposit slips stating name and address
  - Written verification of ID from employer (paysstub)
  - Copy of utility bill showing name and address
  - 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.

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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