REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE Revised: 10/2010

PLEASE PRINT

DO NOT MAIL CASH

| FULL NAME AT BIRTH: | | | |
|---|---|--|--|
| | FIRST | MIDDLE | LAST NAME |
| DATE OF BIRTH:/// | PLACE OF BIRTH: | | |
| MONTH DAY YEAR | | | TOWN/CITY |
| FATHER'S FULL NAME: | FIRST | | |
| | | MIDDLE | LAST NAME |
| MOTHER'S MAIDEN NAME: | FIRST | MIDDLE | MAIDEN NAME |
| PERSON MAKING THIS REQUEST: | | | |
| NAME:FIRST | | | |
| | | IDDLE | LAST NAME |
| ADDRESS: | STREET | | |
| TOWN/CITY: | S | ГАТЕ: | ZIP CODE: |
| TELEPHONE NO.: | | E-MAIL ADDRES | SS (optional): |
| SIGNATURE: X | | | |
| RELATION TO PERSON NAMED IN CI | ERTIFICATE: | | |
| REASON FOR MAKING REQUEST: | | | |
| CERTIFICATE SIZE: NOTE THAT THE WALLET SIZE BIRTH CERTIFIC INFORMATION THAN THE FULL SIZE CERTIFIC PROOF OF IDENTIFICATION REQUIREMENTS SUBTAIN PASSPORTS. | CATE CONTAINS LESS ATE. IT MAY NOT SATISFY ALL | | |
| | | | NUMBER OF CERTIFIED COPIES REQUESTED: |
| Г | FULL SIZE (fee \$20.00 | , | AMOUNT ENCLOSED: |
| Attach a copy of the requester's valid govern passport. Or two (2) forms of the following: | | • | the completed request with the following requirements: |
| Social Security card Written verification of identity from employ Automobile Registration Copy of utility bill showing name and addre Voter's registration card | | Current go (If applicab individual | de payable to Town of Westport overnment-issed photo ID ble) verification of relationship to the registrant (for example, an requesting his/parent's birth certificate must provide a certified copy o vn birth certificate. Requester must be 18 years of age or older. |