# Logo, company name Description automatically generatedREQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Revised: 10/2010

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 MIDDLE LAST NAME

ADDRESS:

STREET

TOWN/CITY: STATE: ZIP CODE:

TELEPHONE NO.: E-MAIL ADDRESS (optional):

SIGNATURE: **X**

RELATION TO PERSON NAMED IN CERTIFICATE:

REASON FOR MAKING REQUEST:

# THE FEE IS $20.00 PER CERTIFIED COPY.

NUMBER OF COPIES REQUESTED:

FEE: $20.00 PER CERTIFIED COPY. CASH OR CHECK MADE PAYABLE TO THE TOWN OF WESTPORT

**Required valid government issued photo ID or two (2) forms of the following:**

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* Social Security card
* Written verification of identity from employer
* Automobile Registration
* Copy of utility bill showing name and address
* Voter's registration card