

APPLICATION FOR BIRTH CERTIFICATE

PLEASE PRINT OR TYPE INFORMATION AS IT APPEARS ON BIRTH CERTIFICATE

FULL NAME _____
(First) (Middle) (Last)

PLACE OF BIRTH _____ DATE OF BIRTH _____

FULL NAME OF PARENT _____

FULL NAME OF PARENT _____

Please circle one: **Wallet Size – (Limited use)** \$15.00 x _____
Full Size – \$20.00 x _____

Make *check payable to **TOWN OF GREENWICH.** Mail to:

**Vital Records
Town Hall
PO Box 2540
Greenwich, CT 06836-2540**

Please mail application to above address, along with a **copy of a government issued picture id** (drivers lic, passport, etc) and a **self addressed, stamped envelope.** If you wish to send it by an overnight service and would like it sent back the same way, enclose a **prepaid air bill and envelope.**

State here your relationship to the person whose certificate is requested and purpose for which it is to be used. If you are a legal guardian or conservator, please enclose a certified document stating so.

(Relationship) (Printed name)

(Purpose for use)
E-Mail Address _____

Signature of Applicant _____

Mail certificate to _____
(First) (Last)

Address _____
(Street address)

(City) (State) (Zip code)

*return check fee of \$25