

REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

Town Clerk's Office
761 Old Main Street
Rocky Hill, CT 06067
(860) 258 - 2705

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:

Long Form (\$20.00 each)

Checks/Money Order Payable to: Rocky Hill Town Clerk

My relationship to the above person is:

Myself

My Child

My Grandchild/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 (paystub)

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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