



Request For Certified Copy Of Birth Certificate

Town Clerk's Office
Town of Old Saybrook
302 Main Street
Old Saybrook, CT 06475
860-395-3135

Requesting the Birth Certificate of:	Full Name on Certificate: (First, Middle, Last Name)	Date of Birth:
	Place of Birth (Town or City)	
	Father's Full Name:	Mother's Name with Maiden Name:

Person Making This Request:	Your Full Name: (First, Middle, Last Name)	
	Your Address: (Street, City, State, Zip Code)	
	Your Phone Number:	Your Email Address:
	Your Relation to the Person Named on Certificate:	Your Signature:

Cost: \$20.00 per certified copy for a full size copy
\$15.00 per certified copy for a wallet size copy
(wallet sized birth certificates contain less information than the full size certificate and may NOT satisfy all proof of identification requirements, such as, government IDs, passports & school registration)

Number of FULL SIZE Copies Requested: _____
Number of WALLET SIZE Copies Requested: _____

TOTAL Amount Enclosed: \$_____

Cash or Checks made payable to "Town Clerk Old Saybrook"

If your name has been legally changed, you must also provide a copy of the court document or vital record authorizing the name change. For example, if you are married and your current name is different than your birth name, you must provide a copy of the marriage license.

If you are requesting a record that is not your own, you must provide document proof of lineage to the registrant. For example, if you are requesting your grandchild's birth certificate, you must provide your own child's birth certificate as evidence of relation.

I am attaching a copy of the following document as proof of identification:

☐ Government issued photo ID or passport.

OR

☐ **2 of the following:**
* Social security card
* Car registration
* Utility bill with name & address
* Voter's registration card
* Written verification of identity from employer

ALSO, if applicable

☐ I am attaching document proof of relation to the registrant or name change