



City and Town Clerk
 Registrar of Vital Statistics
 888 Washington Boulevard
 P.O. Box 891
 Stamford, CT 06904-0891
 (203) 977-4054

*** EXPEDITED SERVICE:** Overnight your request to our physical address (omit PO Box). Include a pre-paid overnight envelope and we will overnight it back to you the same day we receive your request.

DATE: _____

REQUESTER MUST ATTACH A COPY OF THEIR PICTURE IDENTIFICATION

Example: Driver's license, passport, etc.

I. Birth Certificate of:		II. Parents of person named in birth certificate:	
Full Name at Birth:		Father's Full Name:	Birthplace:
Date of Birth:	Sex:	Mother's Maiden Name:	Birthplace:

**** Make check or money order payable to the City of Stamford***

Type of Copy:	Legal Fee:	No. of Copies:	Amount Attached:
Full Certified Copy	\$20.00		
Certified Wallet Size	\$15.00		
Certified Laminated Wallet	\$17.00		

NOTE: THE WALLET SIZE BIRTH CERTIFICATE CONTAINS LESS INFORMATION THAN THE FULL SIZE CERTIFICATE. IT MAY NOT SATISFY ALL PROOF OF IDENTIFICATION REQUIREMENTS SUCH AS THOSE NEEDED TO OBTAIN PASSPORTS.

Person Making This Request:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Your Signature:

X _____

Relationship to person named in this certificate, i.e. parents, attorney, grandparent:

X _____