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

(203) 977-4054

All requests are sent out by regular mail. Please allow 7 to 10 business days.

*** EXPEDITED SERVICE:** Overnight your request to our physical address (omit PO Box). You **MUST** 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 (must show proof of relationship), legal guardian (must show proof of court order):

X _____