



City and Town Clerk  
Registrar of Vital Statistics  
888 Washington Boulevard  
Stamford, CT 06901  
(203) 977-4054

Requests could be made in person or by mail. If requesting by mail, please allow 7 to 10 business days.

\* **EXPEDITED SERVICE:** Overnight your request to the address above. 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**