REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

1. Full name at birth : _____

2. Date of Birth : _____ 3. Place of birth : _____

4. Father's full name : _____ Birthplace : _____
(State only)

5. Mother's maiden name : _____ Birthplace : _____
(State only)

This application is for : __ myself __ my child __my spouse
__ my parent __minor grandchild

Type of copy desired : __wallet size $15.00 __ full size $ 20.00
16 years or older 18 years or older

Protective cover for wallet size only $ 1.00 each Birth Envelope $1.00 each

Applicant's Signature :_____ Date : _____

Address : _____

MAIL IN REQUEST: Must attach a copy of Photo I. D.
Must include a Self Addressed Stamped Envelope
Must include a money order or certified check

Meriden City Clerk
Address : 142 East Main Street
Meriden, CT 06450
Telephone : 203 – 630 – 4030

Hours : Monday - Friday 8am – 5pm.

*SHOULD A PHOTOGRAPHIC IDENTIFICATION BE UNAVAILABLE, PHOTOCOPIES OF TWO OF THE FOLLOWING SHALL BE SUBSTITUTED FOR IT :
Social Security card; written verification from employer; automobile registration;
Copy of utility bill showing name & address; checking account; deposit slip; voter registration card.

CITY/TOWN CLERK USE ONLY
Received by personal request ___
Received by mail request ___
ID Accepted _____

DATE : ___/____/_____

FEE : $_____

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