REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

1. Full name at birth :					
2. Date of Birth :		3. <u>Pla</u>	ace of birth :		
4. Father's full name :			Birt	hplace :	
5. Mother's maiden name :			(Sta <u>Birt</u> l	<u>nplace</u> :	
This application is for :	_myselfmy c _my parent*		y spouse*	te only)	Wallet size birth certificate contains less information than
*birth certificate [my	entation of relationship for spouse, parent, grand parent, my grandchild] or marriage certificate [sp			e [spouse]	the full size certificate. It does not satisfy the proof of identification requirements needed for a passport or a driver's license.
Type of copy desired :	wallet size \$15.00 16 years or older		full size \$ 2 18 years or olde		
—	Protective cover (\$ (wallet only)	51.00 ea) _	Birth Envelo	o <u>pe</u> (\$1.00 ea)	
Applicant's Name :				_ <u>Date :</u>	
Applicant's Signature :				Phone:	
Address:					
MAIL IN REQUEST • • • • • • • • • • • • • • • • • • •	Must attach a cl Must include a Se Must include a r *Must provide c * <i>birth certific</i> <u>Address</u> : <u>Telephone</u> : ONLY	ear copy o elf Addresse money ord locumenta <i>cate [my pa</i> Merider 142 Eas Merider	f a Gov't issue ed Stamped Enve er or certified c tion of relation	d Photo I. D. elope heck (Payable ship for spous	to: Meriden City Clerk) se, parent, grandchild age certificate [spouse]
Received by personal request Received by mail request ID Accepted					
DATE :/ /	-				
FEE: \$					