

APPLICATION FOR CERTIFIED COPY OR COPY OF A VITAL RECORD

Birth Certificate

Name on birth record:

Date of Birth: _____

How many copies? _____

Parents Names (with mother's maiden):

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature:

Date: _____

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other _____

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

Town Clerk's Office Only

Safety Paper # _____

**\$15 for 1st certified copy, \$6 for each additional
\$2 for 1st photocopy - \$.50 for each additional**