



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

Mail this form to address above. Please allow 7 to 10 business days.

* For EXPEDITED SERVICE: Send overnight and include a pre-paid self-addressed overnight envelope.

APPLICATION FOR BIRTH CERTIFICATE

**** Make check or money order payable to the City of Stamford, Cash accepted in person only.***

Number of Copies _____ X \$20.00 = \$ _____ Date: _____

Full Name at Birth: _____
(First Name) (Middle) (Last Name)

Name of Parent(s): _____
(First Name) (Maiden/Last Name)

(First Name) (Last Name)

Date of Birth: _____
(Month) (Date) (Year)

State 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):

***REQUESTER MUST ATTACH A COPY OF THEIR PICTURE IDENTIFICATION**

Example: Driver's license, passport, etc.

Person Making This Request:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Relation to person on certificate: _____