



TOWN CLERK'S OFFICE  
50 South Main Street, Room 313  
West Hartford, CT 06107  
(860)561-7430

**APPLICATION FOR BIRTH CERTIFICATE:**

*All issued Birth Certificates are certified with a raised seal.*

Number of copies: \_\_\_\_\_

*Legal fee for each certified copy is \$20.<sup>00</sup>*

*(Required for Passport Applications and any institution requiring proof of parents)*

Fee: Cash or Check made payable to "Town of West Hartford"

***Access to birth records less than 100 years old is restricted in Connecticut.***

**CURRENT PHOTOGRAPHIC IDENTIFICATION OF REQUESTER IS REQUIRED**

(Driver's License or Passport)

Photographic identification may be substituted by any two of the following documents:

- |  |  |
|--|--|
| Recent Paystub (showing name and address)            | Current Automobile Registration (showing name & address) |
| Voter Registration card                              | Social Security Card                                     |
| Recent copy of Utility bill (showing name & address) | Checking Account Deposit Slip (showing name & address)   |

I am applying for the Birth Certificate of:

Full Name at Birth: \_\_\_\_\_  
(first, middle, last)

Date of Birth: \_\_\_\_\_  
(month/day/year)

Place of Birth: \_\_\_\_\_  
(Town/State)

Parent 1 Full Name: \_\_\_\_\_  
(first/middle/**maiden if applicable**/last)

Parent 2 Full Name: \_\_\_\_\_  
(first/middle/**maiden if applicable**/ last)

- My own birth certificate  
(16 or 17 years of age have access to wallet size only)
- My child's birth certificate
- My parent's birth certificate  
(must provide own long form birth certificate)
- My spouse's birth certificate  
(must provide marriage license)
- My grandchild's birth certificate  
(must provide own child's birth certificate)
- My grandparents's birth certificate  
(must provide own & parent's long form birth cert)
- My client's. I am the Attorney or Legal  
Guardian (must provide legal documentation)

Printed Name of Requester: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Address of Requester: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**I DECLARE UNDER PENALTIES OF FALSE STATEMENTS  
THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT**

***When mailing this form to the Town of West Hartford Clerk's Office, please include all of the following items:***

- 1. Original Application Form***
- 2. Photo copy of Current Photo I.D.***
- 3. Check or Money Order for the total copies requested***
- 4. Self-Addressed Stamped Envelope***