

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the Town of West Hartford Vital Records Office.

An adopted person who is at least 18 years old, or the adopted person's adult child or grandchild may use this form to request the original birth certificate of the adopted person. All other person's seeking to obtain a copy of the adopted person's original birth certificate must obtain a court order.

All requests that do not meet the above criteria must be accompanied by a court order permitting the release of the original birth certificate.

Original records of adopted persons may be stored off-site and will not be immediately available for walk-in service.

ADOPTION INFORMATION (Please Print)

ADOPTIVE NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR TOWN/CITY

ADOPTIVE MOTHER/ADOPTIVE PARENT NAME: \_\_\_\_\_  
FIRST MIDDLE LASTNAME (MAIDEN if applicable)

ADOPTIVE FATHER/ADOPTIVE PARENT NAME: \_\_\_\_\_  
FIRST MIDDLE LASTNAME (MAIDEN if applicable)

PERSON MAKING THIS REQUEST:

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

ADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS (optional): \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_

RELATION TO PERSON NAMED IN CERTIFICATE: \_\_\_\_\_

REASON FOR MAKING REQUEST: \_\_\_\_\_

SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Ex: valid driver's license, passport, state issued ID)

IF YOU ARE THE ADOPTED PERSON'S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Ex: birth certificates)

SEND CHECK IN THE AMOUNT OF \$65.00 MADE PAYABLE TO Town of West Hartford. DO NOT SEND CASH

MAIL REQUEST AND \$65.00 PAYMENT TO: Town of West Hartford, 50 South Main Street, Room 313, West Hartford, CT 06107