

REQUEST FOR COPY OF VITAL RECORD

PERSON REQUESTING DOCUMENT: Please Print

Date: _____

Your Name: _____

Current Address: _____

I certify that the person named in the Certificate I am requesting is:

____ Myself ____ Mother ____ Father ____ Son ____ Daughter ____ Spouse

____ Other (explain) _____

Email address

Signature

Phone #

COMPLETE SECTION FOR REQUESTED CERTIFICATE

Request for **BIRTH CERTIFICATE** of:

Full Name at Birth _____

Date of Birth _____ Place of Birth _____

Mother (Maiden)/Father Name _____

Mother (Maiden)/Father Name _____

Request for **MARRIAGE CERTIFICATE** of:

Bride/Groom/Spouse Name _____

Bride/Groom/Spouse Name _____

Date of Marriage _____

Place of Marriage _____

Request for **DEATH CERTIFICATE** of:

Full Name _____

Date of Death _____

Place of Death _____

Please include a copy of your photo ID along with the fee of \$20 per certified copy and a stamped self-addressed envelope.

Please make checks payable to Branford Town Clerk.

Mail to: Branford Town Clerk, PO Box 150, Branford, CT 06405