

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR A STATE CERTIFIED COPY OF BIRTH RECORD

VS-39BST Revised: 4/06

PLEASE PRINT

DO NOT MAIL CASH

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE MAIDEN NAME

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: _____

CERTIFICATE SIZE: WALLET SIZE
NOTE THAT THE WALLET SIZE BIRTH CERTIFICATE CONTAINS LESS
INFORMATION THAN THE FULL SIZE CERTIFICATE. IT MAY NOT SATISFY ALL
PROOF OF IDENTIFICATION REQUIREMENTS SUCH AS THOSE NEEDED TO
OBTAIN PASSPORTS.

FULL SIZE



NUMBER OF COPIES

REQUESTER MUST ATTACH A COPY OF
PICTURE IDENTIFICATION
AND VERIFICATION OF RELATIONSHIP TO THE REGISTRANT
FEE: \$15.00 PER COPY. CHECK OR MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'

MAIL THIS REQUEST FORM WITH THE ABOVE REQUIREMENTS TO:

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION, CUSTOMER SERVICES
410 CAPITOL AVE, MS# 11VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308

ATTACH A COPY OF PICTURE IDENTIFICATION BELOW:



Requests without a Current Government Issued Photo
Identification will be returned.

