## REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

1. Full name at birth:					
2. Date of Birth:	3. Place of birth:				
4. <u>Father's full name</u> :		Birthplace: (State only)			
5. Mother's maiden name	<u>Birthplace</u> : (State only)				
This application is for:	myselfmy childmy spouse*my parent*minor grandchild*  Wallet size birth certificate contains less information that				
*Must provide documentation of relationship for spouse, parent, grandchild *birth certificate [my parent, my grandchild] or marriage certificate [spouse]			the full size certificate. It does not satisfy the proof of identification requirements needed for a passport or a driver's license.		
Type of copy desired :	Wallet Size \$15.00	Full Size	\$ 20.00		
	(Applicant must be 16 years or older) (Applicant must be 18 years or older)				
	<u>Protective cover (</u> \$1.00 ea) <u>Birth Envelope</u> (\$1.00 ea) (Full Size Only)				
Applicant's Name :			<u>Date</u> :		
Applicant's Signature :	Phone:				
Address:  MAIL IN REQUE					
<u>www.rvegob</u>	<ul> <li>Must attach a cle</li> <li>Must include a Se</li> <li>Must include a n</li> <li>*Must provide d</li> </ul>	ear copy of a Gov't issue of Addressed Stamped Environey order or certified ocumentation of relation ocumentation of grandch	velope check ( <b>Payable t</b> aship for spouse	, parent, grandchild	
	Address:	Meriden City Clerk 142 East Main Street Meriden, CT 06450	<u>Telephone</u> :	203 - 630 - 4030	
*Should a Photo I	D be unavailable, P	hotocopies of TWO of	the following	are required:	
~ Social Secu	rity card	~ automobile regi	stration		
<ul><li>Written verification from employer</li><li>Copy of utility bill</li></ul>		~ checking account ~ deposit slip			
showing na	me & address	~ voter registration	n card		
CITY/TOWN CLERK USE ONLY Received by personal request Received by mail request ID Accepted					
DATE: / /					

Rev. 6/2017 web/mail