

Return to Donna M Anastasia, Registrar Town of Weston P O Box 1007, 56 Norfield Rd Weston CT 06883

REQUEST FOR BIRTH CERTIFICATE

DATE OF REQUEST

Please print

FULL NAME ON CERTIFICATE*:	IRST MIDDLE	LAST NAMI
		LASI NAM
DATE OF BIRTH: / MONTH DAY	YEAR PLACE OF BIRTH:	TOWN/CITY
FATHER'S FULL NAME:FIRS	T MIDDLE	LAST NAME
MOTHER'S <u>MAIDEN</u> NAME:	IRST MIDDLE	LAST NAME
PERSON MAKING THIS REQUEST	:	
NAME: FIRST	MIDDLE	LAST NAME
ADDRESS:	NUMBER/STREET/UNIT #	
TOWN/CITY.	STATE:	ZIP CODE:
TELEPHONE NO:	E-MAIL ADDRESS:	
SIGNATURE: X		
RELATION TO PERSON NAMED O	N CERTIFICATE:	
REASON FOR MAKING REQUEST	: <u></u>	
CERTIFICATE SIZE:		A R M LLAT
FULL SIZE	WALLET SIZE	TOTAL NUMBER OF COPIES:
\$20.00 EACH	The wallet size birth certificate contains less information than the full size certificate. It does not satisfy the proof of identification requirements needed for a passport or a driver's license.	X \$20.00 = \$ X \$15.00 = \$
NUMBER OF COPIES:	\$15.00 EACH NUMBER OF COPIES:	TOTAL: \$
Attach a copy of the <u>requester's</u> valid ID or passport below:	government issued photo	
Or two (2) forms of the following:		
 Social security (SS) card Paycheck Stub or a W-2 form the Current school or college photo Automobile registration Copy of utility bill or bank state address 	ID	Available for office use
₽5		

^{*}If adopted, please provide your adoptive name and adoptive parents' information.

*Birth Request form;

*If the requester had a legal name change, please provide a copy of the court documents authorizing the name change.