REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD

Mail this request to: Plymouth Town Clerk, 80 Main Street, Terryville, CT 06786

PLEASE PRINT			
FULL NAME ON CERTIFICATE*:			
FIRST		MIDDLE	LAST NAME
DATE OF BIRTH://_MONTH DAY	PLACE O	OF BIRTH:	TOWN/CITY
			20 11 10 22 2
MOTHER/PARENT:FIRST	MIDDLE	LAST NA	ME(Include name prior to first marriage if applicable)
FATHER/PARENT:FIRST	MIDDLE	LAST NA	ME(Include name prior to first marriage if applicable)
PERSON MAKING THIS REQUEST:			
NAME:			
FIRST	M	IIDDLE	LAST NAME
ADDRESS:			
NUMBER/STREET/UNIT #			
TOWN/CITY: STATE: ZIP CODE:			
TELEPHONE NO: E-MAIL ADDRESS:			
SIGNATURE: X			
RELATION TO PERSON NAMED ON CERTIFICATE:			
REASON FOR MAKING REQUEST:			
CERTIFICATE SIZE:			
☐ FULL SIZE		LET SIZE	TOTAL NUMBER OF COPIES:
\$20.00 EACH	The wallet size birth certificate contains less		X \$20.00 = \$
	information than the full size certificate. It may not satisfy all proof of identification		X \$15.00 = \$
	requirements such as those needed for a passport.		Λ φ13.00 = φ
		EACH	TOTAL: \$
	\$15.00 EACH NUMBER OF COPIES:		PLEASE DO NOT MAIL CASH.
NUMBER OF COPIES:			
Attach a copy of the requester's valid government issued photo Please make sure to mail the completed request with the			
ID or passport below:		following requirements:	
Or two (2) forms of the following:		☐ Check made payable to Plymouth Town Clerk	
- Social security card		☐ Current government issued photo ID	
 Written verification of identity from employer Automobile registration 		☐ (If applicable) verification of relationship to the	
- Copy of utility bill showing name and address		registrant	
- Voter's registration card		(for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her	
		own birth certificate).	

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

VS-39B REV 12/21