

**REQUEST FOR COPY OF BIRTH CERTIFICATE**  
VS-39B Revised: 6/26/07

**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: \$15.00  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.

\$20.00  FULL SIZE



NUMBER OF COPIES

Mailing Address: Town Clerk  
29 West Avenue  
Essex, CT 06426

ATTACH A COPY OF PICTURE IDENTIFICATION HERE: