

**Birth Certificate
Certified Copy Request Form**

(Please Print)

Full Name at Birth _____

Place of Birth _____ Date of Birth _____

Father's Full Name _____ Birthplace _____

Mother's Full Maiden Name _____ Birthplace _____

Applicant's Name _____

Address _____

Phone and/or E-Mail _____

This application is for: Myself My Child My Spouse
 My Parent My Grandparent My Minor Grandchild

Type of copy desired: Full Size \$20.00 Wallet Size \$15.00

Applicant's Signature _____ Date _____

Town Clerk, 29 West Avenue, Essex, CT 06426
Please make checks payable to Essex Town Clerk

Attach a copy of the requester's valid government issued photo ID or passport below:

Or two (2) forms of the following:

- Social security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter's registration card