

**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