

Town of Southington  
**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 \_\_\_\_\_

**Please attach a copy of a Photo ID.** If a Photo ID is unavailable, please submit photocopies of two other forms of documentation showing your name.

**MAIL TO:**    Town Clerk, P. O. Box 152, Southington, CT 06489  
**Please include a stamped, self-addressed envelope along with payment and identification. Make checks payable to Town of Southington.**

**FAX or EMAIL TO:**    Town Clerk's Office, Fax (860) 276-6229  
                                 Email: townclerk@southington.org  
**Payment must be mailed in or submitted online via credit card at [www.southington.org](http://www.southington.org) (an additional convenience charge applies to online payments)**