

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 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. Grandparent must provide verification of the relationship to grandchild (birth certificate of your adult child)

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.

-OR-

FAX TO: Town Clerk's Office, (860) 276-6229
Payment must be mailed in or submitted online via credit card at www.southington.org (an additional convenience charge applies to online payments).