## REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

1. Full name at birth	l:			
2. Date of birth:		3. Place of birth: (City, State)		
4. Parent's full name:		Pirthalaca		
5. Parent's full name:		Birthplace: (State only)		
This application is for:	myself my parent*	my child minor grandchild*	my spouse*	
*Must pro	ovide documentation of relation	ship for spouse, parent, grar	ndchild	
·	*birth certificate [my parent, m			
Type of copy desired:	Full Size \$20.0	00 Wallet Size**	* \$15.00	
	(Applicant must be 18 years or older)	(Applicant must be 16 years or older)		
	**Wallet size birth certificate	contains less information		
	than the full size certificate. It	· · ·		
	of identification requiremen	· · ·		
	or a driver's	s license.		
Applicant's Name:			Date:	
Applicant's Signature:(ink)			Phone:	
Address:				
MAIL IN R	FOUFST:			
Must attach a clear copy of a Gov't issued Photo I.D.				
Must include a Self Addressed Stamped Envelope				
Must include a check or money order (Payable to: Cheshire Town Clerk)				
<ul> <li>*Must provide documentation of relationship for spouse, parent, grandchild</li> </ul>				
*birth certificate [my parent, my grandchild] or marriage certificate [spouse]				
	Address: Cheshire Town Cler	k		
	84 South Main St.		(203) 271-6601	
	Cheshire, CT 06410			
*Should a Photo ID be	e unavailable, Photocopies of TV	NO of the following are requ	iired:	
~Social Security Card		~Automobile registration	~Automobile registration	
~Written verification from employer		~Checking account depos	sit slip	
~Copy of utility bill showing		~Voter registration card		
	name and address			
TOWN CLERK USE ON				
Request received by in-person  Request received by mail				
ID Accepte		<u> </u>		
Date:		Fee:		
Date.				