

Town of Groton, Connecticut
Registrar of Vital Statistics
45 Fort Hill Road, Groton, CT 06340

Fax 860-441-6703

REQUEST FOR COPY OF BIRTH CERTIFICATE

Full name at Birth		
Date of Birth		
Mother's full maiden name		Place of her birth
Father's full name		Place of his birth
I certify that the person named in the certificate requested is:		
<input type="checkbox"/> myself <input type="checkbox"/> my spouse <input type="checkbox"/> my child <input type="checkbox"/> my grandchild <input type="checkbox"/> my parent		
<input type="checkbox"/> my grandparent <input type="checkbox"/> a person whom I legally represent (provide documentation)		
Or <input type="checkbox"/> I am a member of a legally incorporated genealogical society authorized by the State of Connecticut and I am enclosing documentation		
<input type="checkbox"/> I am claiming a "vested right" (provide documentation)		
Your name (please print):		Your daytime telephone #:
Your street address:		
Your Town/City	State	Zip Code
Your signature:		Date:
Identification provided:		
<input type="checkbox"/> Photocopy of photo identification – Driver's license ID # _____		
<input type="checkbox"/> Photocopy of other photo identification - # _____		
Or two (2) of the following:		
<input type="checkbox"/> Social Security card <input type="checkbox"/> Automobile Registration		
<input type="checkbox"/> Written verification of identity from employer on employer's letterhead		
<input type="checkbox"/> Utility bill showing name and address <input type="checkbox"/> Checking account deposit slip		
<input type="checkbox"/> Other – specify _____		
The fee is \$20.00 for each certified copy. I am requesting # _____ copies.		
Mailing address if different from above:		
Delivery options: <input type="checkbox"/> Regular mail, add \$1.00 <input type="checkbox"/> Express Mail \$18.30 <input type="checkbox"/> Federal Express \$17.50		
Delivery charge will be made to your credit card. Waive signature for delivery? <input type="checkbox"/> yes <input type="checkbox"/> no		
Credit Card information: # _____ exp date _____		
There is a \$7.00 fee for using the credit card.		
You must call the Town Clerk 860-441-6640 to confirm receipt of the fax information. Your request may not be processed without confirmation.		